

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002357

Entity Name: MOLOKAI CO-OP, INC.

Current Principal Place of Business:

1 HAWAIIAN WAY
LEESBURG, FL 34788

FILED
Feb 27, 2014
Secretary of State
CC0925931154

Current Mailing Address:

1 HAWAIIAN WAY
LEESBURG, FL 34788 US

FEI Number: 59-3317542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWMAN, RICHARD P
1000 WEST MAIN ST.
LEESBURG, FL 34748 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name LEAVER, MURRAY
Address 59 KONO CIRCLE
City-State-Zip: LEESBURG FL 34788

Title ASSISTANT TREASURER
Name DUPUIS, ALICE
Address 214 PARADISE SOUTH
City-State-Zip: LEESBURG FL 34788

Title TREASURER, DIRECTOR
Name KAYES, MARJORIE
Address 140 MALAYON WAY
City-State-Zip: LEESBURG FL 34788

Title SECRETARY
Name HORGAN, LOUISE
Address 135 MAYALON WAY
City-State-Zip: LEESBURG FL 34788

Title VP
Name DENOMME, WILL
Address 45 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name MANSON, FRANCES
Address 164 KALAMA PLACE
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name DUMUNEY, GARY
Address 113 AHA WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name NOEL, OSCAR
Address 184 PARADISE NORTH
City-State-Zip: LEESBURG FL 34788

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MURRAY LEAVER

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BADESKA, PETER
Address 151 PARADISE NORTH
City-State-Zip: LEESBURG FL 34788