

**2013 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**  
**Apr 15, 2013**  
**Secretary of State**  
**CC1922082439**

**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 1VP  
Name SMOTHERS, LARRY  
Address 143 MAYALON WAY  
City-State-Zip: LEESBURG FL 34788

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

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

Title 2ND VP  
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

*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: LARRY SMOTHERS**

**1ST VP**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date