

**2022 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 21, 2022**  
**Secretary of State**  
**6344999832CC**

**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:**

GORDON, SCOTT E ESQ.  
2 N. TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236 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 DIRECTOR  
Name BECK, TIM  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title SECRETARY  
Name BASDEKA, PETER  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name LEAVER, MURRAY  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title TREASURER, DIRECTOR  
Name BROWN, MICKEY  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name CURTIS, KAREN  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title VP  
Name COSELMAN, DENNIS  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title ASST. TREASURER  
Name DONNER, DENNIS  
Address 1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name LEBRE, RAY  
Address 1 HAWAIIAN WAY  
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: MICHAEL ALLEN**

**MANAGER**

**02/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            BELOUS, MARGIE  
Address        1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title            MANAGER  
Name            ALLEN, MICHAEL  
Address        1 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788