2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000002357

Entity Name: MOLOKAI CO-OP, INC.

Current Principal Place of Business:

1 HAWAIIAN WAY LEESBURG, FL 34788

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

FILED

Apr 29, 2021

Secretary of State 9354484898CC

Officer/Director Detail:

Title VP Title DIRECTOR

NameBECK, TIMNameBASDEKA, PETERAddress1 HAWAIIAN WAYAddress1 HAWAIIAN WAY

City-State-Zip: LEESBURG FL 34788 City-State-Zip: LEESBURG FL 34788

Title PRESIDENT, DIRECTOR Title TREASURER, DIRECTOR

NameFOGG, ROBERTNameBROWN, MICKEYAddress1 HAWAIIAN WAYAddress1 HAWAIIAN WAYCity-State-Zip:LEESBURG FL 34788City-State-Zip:LEESBURG FL 34788

Title SECRETARY, DIRECTOR Title DIRECTOR

Name CURTIS, KAREN Name COSELMAN, DENNIS

Address 1 HAWAIIAN WAY Address 1 HAWAIIAN WAY

City-State-Zip: LEESBURG FL 34788

City-State-Zip: LEESBURG FL 34788

City-State-Zip: LEESBURG FL 34788 City-State-Zip: LEESBURG FL 34788

Title ASST. TREASURER Title DIRECTOR
Name DONNER, DENNIS Name LEBRE, RAY
Address 1 HAWAIIAN WAY 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: KAREN CURTIS SECRETARY 04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BELOUS, MARGIE Address 1 HAWAIIAN WAY

City-State-Zip: LEESBURG FL 34788