# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2008**
**Secretary of State**

DOCUMENT# 657447

**Entity Name:** COOPERATIVES COMPUTER CENTER, INC.

**Current Principal Place of Business:**

5159 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

5159 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number: 59-1269777** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOCKTON, DON
5159 WOODLANE CIRCLE
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | CALLAHAN, DWIGHT | |
| Address: | 1640 W. JEFFERSON ST. | |
| City-St-Zip: | QUINCY, FL 323531679 | |
| Title: | D | ( ) Delete |
| Name: | THOMPSON, WAYNE | |
| Address: | 700 W BALDWIN AVE | |
| City-St-Zip: | DEFUNIAK SPRINGS, FL | |
| Title: | D | ( ) Delete |
| Name: | HUDSON, JOHN | |
| Address: | HWY 19 98 & ALT 27 | |
| City-St-Zip: | CHIEFLAND, FL | |
| Title: | ST | ( ) Delete |
| Name: | WHITE, MIKE | |
| Address: | HWY 22 WEST | |
| City-St-Zip: | WEWAHITCHKA, FL | |
| Title: | CEO | ( ) Delete |
| Name: | STOCKTON, DON | |
| Address: | 5159 WOODLAND CIRCLE | |
| City-St-Zip: | TALLAHASSEE, FL 32303 | |
| Title: | P | ( ) Delete |
| Name: | MCELHENEY, RON | |
| Address: | 259 WESTERN BLVD | |
| City-St-Zip: | JACKSONVILLE, NC 28546 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON STOCKTON CEO 01/07/2008

Electronic Signature of Signing Officer or Director — Date