2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696557

Entity Name: CO-OPERATIVE LAND, INC.

FILED Apr 05, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	OSUKEE RD SSEE, FL 323			9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309 US		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309			9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309 US			
FEI Number	: 59-2165368	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desir	ed ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
11010 BLA	H, KELLY ESC ACK CREEK L BSEE, FL 323	N				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent	., or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	jent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (DEATON, LIND 9601 MICCOSI TALLAHASSEE	JKEE RD #25	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DEATON, LINDA 9601 MICCOSUKEE RD #25 TALLAHASSEE, FL 32309 US		
Title:	P (FRESE HERM) Delete ANN	Title: Name:	P (X) Change () Addition		

City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: RYCHLIK, SARAH

9601-32 MICCOSUKEE RD

Address: 9601 MICCOSUKEE RD #68

City-St-Zip: TALLAHASEE, FL

Address:

Title: T () Delete
Name: MCCLUSKEY, TOM
Address: 3901 IMAGINARY RD

City-St-Zip: TALLAHASSEE, FL 32309

 Name:
 FRESE, HERMANN

 Address:
 9601-32 MICCOSUKEE RD

 City-St-Zip:
 TALLAHASSEE, FL 32309 US

Title: SD (X) Change () Addition

Name: RYCHLIK, SARAH

Address: 9601 MICCOSUKEE RD #68 City-St-Zip: TALLAHASEE, FL 32309 US

Title: T (X) Change () Addition

Name: MCCLUSKEY, TOM Address: 3901 IMAGINARY RD

City-St-Zip: TALLAHASSEE, FL 32309 US

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: LINDA DEATON D 04/05/2009