

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758673

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** FULL CIRCLE CO-OP, INC.

**Current Principal Place of Business:**

96 NW 6TH AVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

4563 BRADY BLVD.  
DELRAY BCH, FL 334453244 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RAIMAN, MICHAEL  
4563 BRADY BLVD.  
DELRAY BEACH, FL 334453244 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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: MARSHALL, STEVE  
Address: 551 N MILITARY TRAIL  
City-St-Zip: WEST PALM BCH, FL

Title: PD  
Name: PILATO, MARIE  
Address: 98 NW 6TH AVENUE  
City-St-Zip: BOCA RATON, FL

Title: SD  
Name: STREET, LORIANNE  
Address: 254 NW 6TH AVE  
City-St-Zip: BOCA RATON, FL

Title: D  
Name: RAIMAN, MICHAEL  
Address: 4563 BRADY BLVD.  
City-St-Zip: DELRAY BCH, FL 334453244

Title: T  
Name: OTTIMER, LYNN  
Address: 4563 BRADY BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

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 RAIMAN

MNGR

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date