

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N01000000145

Entity Name: KINGSWOOD CO-OP, INC.

Current Principal Place of Business:

10109 OAK FOREST DRIVE
RIVERVIEW, FL 335695927

New Principal Place of Business:

Current Mailing Address:

10109 OAK FOREST DRIVE
RIVERVIEW, FL 335695927

New Mailing Address:

FEI Number: 59-3689819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK FERRARO & CO.
6030 ULMEERTON ROAD
CLEARWATER, FL 33760 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: PD () Delete
Name: DURKIN, JOSEPH
Address: 10215 OAK FOREST DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: CHIGER, CONST
Address: 10138 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: MURPHY, JACKIE
Address: 10206 OAK FOREST DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: SCHOTT, CLIFFORD
Address: 10142 SHADOWOAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WHITE, RICHARD
Address: 10915 TALL OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: BROWN, EARL
Address: 10202 OAK FOREST DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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: TD (X) Change () Addition
Name: SCHOTT, CLIFFORD
Address: 10142 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: LANE, FRANCES
Address: 10137 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. DURKIN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date