

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000544

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: GOLDEN SUN COOPERATIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

3205 W. LEMON ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

3205 W. LEMON ST.  
TAMPA, FL 33609 US

**Current Mailing Address:**

3205 W. LEMON ST.  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-3752074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DELRIO, MODESTO M  
3205 W. LEMON ST.  
TAMPA, FL 33609 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: PTD ( ) Delete  
Name: DELRIO, MODESTO M  
Address: 3205 W. LEMON ST.  
City-St-Zip: TAMPA, FL 33609 US

Title: VSD ( ) Delete  
Name: DELRIO, CONNIE  
Address: 3205 W. LEMON ST.  
City-St-Zip: TAMPA, FL 33609 US

Title: TREA ( ) Delete  
Name: DELRIO, MODESTO M  
Address: 3205 W. LEMON ST.  
City-St-Zip: TAMPA, FL 33609 US

Title: SEC ( ) Delete  
Name: DELRIO, CONNIE  
Address: 3205 W. LEMON ST.  
City-St-Zip: TAMPA, FL 33609 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CONNIE DELRIO

SEC

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date