


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001810	
1. Entity Name VILLAGES SERVICES COOPERATIVE, INC.	

Principal Place of Business 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442	Mailing Address 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442
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02262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3712973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERSON, THOMAS E 136 E. JOPLIN CT. HERNANDO, FL 34442

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000347323
04/30/05-80111-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, THOMAS E 136 E JOPLIN CT. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLINS, BOB 1602 W. STAFFORD ST HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, JACK 407 W. DOERR PATH HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEATING, JOHN 2280 N GLADES POINT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E. Peterson **3/31/05** **352-741-6770**