# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# N01000001810

**Entity Name:** VILLAGES SERVICES COOPERATIVE, INC.

**Current Principal Place of Business:**

2541 N RESTON TERR
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

2541 N RESTON TERR
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number: 59-3712973** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PETERSON, THOMAS E
136 E. JOPLIN CT.
HERNANDO, FL 34442 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: | PETERSON, THOMAS E | |
| Address: | 136 E JOPLIN CT. | |
| City-St-Zip: | HERNANDO, FL 34442 | |
| Title: | VPD | ( ) Delete |
| Name: | COLLINS, BOB | |
| Address: | 1602 W. STAFFORD ST | |
| City-St-Zip: | HERNANDO, FL 34442 | |
| Title: | ST | ( ) Delete |
| Name: | DONAHUE, JACK | |
| Address: | 407 W. DOERR PATH | |
| City-St-Zip: | HERNANDO, FL 34442 | |
| Title: | ST | (X) Delete |
| Name: | O'BRIAN, GEN | |
| Address: | 2541 N RESTON TERRACE | |
| City-St-Zip: | HERNANDO, FL 34442 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | ST | (X) Change ( ) Addition |
| Name: | O'BRIEN, GERALYN | |
| Address: | 5344 S MARSHA TERRACE | |
| City-St-Zip: | HOMOSASSA, FL 34446 | |
| 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: THOMAS PETERSON PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date