

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01139

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** BONFIRE COOPERATIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

620 MISTI DR.  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

620 MISTI DR.  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 59-2884245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, SCOTT  
ONE SARASOTA TOWER  
TWO NORTH TAMiami TRAIL SUITE # 500  
SARASOTA, FL 342365575 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: D  
Name: FISHER, FAY E  
Address: 665 MISTI DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: PD  
Name: LASHUA, DAVID  
Address: 631 MISTI DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: D  
Name: JOHNSTONE, PAT  
Address: 781 LISA CIRCLE  
City-St-Zip: LEESBURG, FL 34788

Title: TD  
Name: BLAZER, SHIRLEY  
Address: 575 TAMMI DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: VD  
Name: BYRD, RONALD  
Address: 712 KIMBERLY AVE  
City-St-Zip: LEESBURG, FL 34785

Title: SD  
Name: FRICKER, ELEANOR  
Address: 583 KELLI DRIVE  
City-St-Zip: LEESBURG, FL 34788

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: DAVID LASHUA

PD

04/28/2010

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

\_\_\_\_\_  
Date