


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90065 016 ****61.25

DOCUMENT # N02000006326

1. Entity Name
TAMIAMI CO-OP, INC.



Principal Place of Business
16555 NORTH CLEVELAND AVE.
A
NORTH FT. MYERS, FL 33903-1411 US

Mailing Address
16555 NORTH CLEVELAND AVE.
A
NORTH FT. MYERS, FL 33903-1411 US

40006161



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
52-2374602

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVE.
SUITE 100
FORT MYERS, FL 33912

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **MACHADO, VIRGIL**
 STREET ADDRESS **3185 PLUTO CIRCLE**
 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE Change Addition
 NAME **TSCHUELLER, John**
 STREET ADDRESS **3193 Pluto Circle**
 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **VD** Delete
 NAME **CORNEAU, RHEA**
 STREET ADDRESS **3118 SATURN CIRCLE**
 CITY-ST-ZIP **N. FT. MYERS, FL 33903**

TITLE Change Addition
 NAME **D EBSEN, ALFRED**
 STREET ADDRESS **3171 SATURN CIRCLE**
 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **SD** Delete
 NAME **PADLEY, BEVERLY**
 STREET ADDRESS **3145 PLUTO CIRCLE**
 CITY-ST-ZIP **N. FT. MYERS, FL 33903**

TITLE **D** Change Addition
 NAME **MARY BREWER**
 STREET ADDRESS **3042 SATURN CIRCLE**
 CITY-ST-ZIP **NORTH FORT MYER, FL 33903**

TITLE **TD** Delete
 NAME **DEBOER, CARL**
 STREET ADDRESS **3075 SKY VILLA LANE**
 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BASTIEN, GERRY**
 STREET ADDRESS **3170 MERCURY LANE**
 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEVASSEUR, CONRAD**
 STREET ADDRESS **3159 PLUTO CIRCLE**
 CITY-ST-ZIP **N. FT. MYERS, FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Virgil Machado* **VIRGIL MACHADO** 1/22/07 656-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #