

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02400

FILED
Feb 12, 2009
Secretary of State

Entity Name: KENNEDY COMPLEX COOPERATIVE

Current Principal Place of Business:

820 KENNEDY BLVD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 896
BROOKSVILLE, FL 346057896 US

New Mailing Address:

FEI Number: 59-2620873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGINI, MICHAEL J.
820 KENNEDY BLVD.
BROOKSVILLE, FL 34601 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: SD () Delete
Name: OSTEEN, BARRY S
Address: 11156 CR 209
City-St-Zip: OXFORD, FL 34484

Title: VD () Delete
Name: DEAN, SUSAN D
Address: 4358 CRESENT RD
City-St-Zip: SPRING HILL, FL 34608 US

Title: PD () Delete
Name: BATTEN, CHRISTINE
Address: 9299 WEATHERLY DRIVE
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: ED () Delete
Name: GEORGINI, MICHAEL J
Address: 820 KENNEDY BLVD
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: D () Delete
Name: BLACK, VIENESSE
Address: P.O. BOX 10513
City-St-Zip: BROOKSVILLE, FL 34601

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 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: MICHAEL J. GEORGINI

ED

02/12/2009

Electronic Signature of Signing Officer or Director

Date