

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000284

FILED
Jan 19, 2009
Secretary of State

Entity Name: BATON ROUGE CO-OP, INC.

Current Principal Place of Business:

50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 06-1739380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAVERS, JIMMIE
50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548 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: BEAVERS, JIMMIE
Address: 50 BEAL PARKWAY, UNIT 9
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: BEAVERS, KENNETH
Address: 50 BEAL PARKWAY, UNIT 9
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD () Delete
Name: THOMPSON, GREG
Address: 50 BEAL PARKWAY, UNIT 9
City-St-Zip: FORT WALTON BEACH, FL 32548

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:

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: GREGORY M. THOMPSON

STD

01/19/2009

Electronic Signature of Signing Officer or Director

Date