

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001979

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MOE'S NE FLORIDA COOPERATIVE, INC.

**Current Principal Place of Business:**

450-106 STATE ROAD 13 NORTH STE 213  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH STE 213  
ST. JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 83-0433678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHASTEEN, BRAD  
450-106 STATE ROAD 13 NORTH SUITE 213  
ST. JOHNS, FL 32259 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: MGMR ( ) Delete  
Name: CHASTEEN, BRAD K MR.  
Address: 450-106 SR 13 N, #213  
City-St-Zip: ST. JOHNS, FL 32259

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

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: BRAD K CHASTEEN

MGMR

04/29/2009

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

\_\_\_\_\_  
Date