

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005896

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: FOREST GLENN CO-OP, INC.

## Current Principal Place of Business:

1431 FRIAR TUCK LANE  
SPRING HILL, FL 34807

## New Principal Place of Business:

## Current Mailing Address:

1431 FRIAR TUCK LANE  
SPRING HILL, FL 34807

## New Mailing Address:

FEI Number: 20-2971209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUEGER, OLIVER W  
5214 FOREST GLENN DR  
SPRING HILL, FL 34607 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: KING, JERRY  
Address: 1416 FRIAR TUCK LN  
City-St-Zip: SPRING HILL, FL 34607

Title: SD ( ) Delete  
Name: EVANS, JAN  
Address: 5173 FOREST GLENN DR.  
City-St-Zip: SPRING HILL, FL 34607

Title: TD ( ) Delete  
Name: KRUEGER, BILL  
Address: 5214 FOREST GLENN DR.  
City-St-Zip: SPRING HILL, FL 34607

Title: VPD ( ) Delete  
Name: MULLER, WALTER  
Address: 5087 BUCCANEER BLVD  
City-St-Zip: SPRING HILL, FL 34607

Title: D ( ) Delete  
Name: WOLF, MARGE  
Address: 1416 CROSS BOW LANE  
City-St-Zip: SPRING HILL, FL 34807

Title: VPD ( ) Delete  
Name: HOCKETT, JAMES L  
Address: 5202 FOREST GLENN DR  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KRUEGER, OLIVER W  
Address: 5214 FOREST GLENN DR.  
City-St-Zip: SPRING HILL, FL 34607

Title: VPD (X) Change ( ) Addition  
Name: DENETTE, RICHARD  
Address: 1420 CROSS BOW LANE  
City-St-Zip: SPRING HILL, FL 34607

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: OLIVER W KRUEGER

TD

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date