

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 016 ****70.00

DOCUMENT # N07000009834 1. Entity Name CHEROKEE SATSUMA CO-OP, INC.					
Principal Place of Business 1525 FAIRVIEW ROAD MARIANNA, FL 32444			Mailing Address 1525 FAIRVIEW ROAD MARIANNA, FL 32444		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 38-3767186				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLASS, MACK J 1525 FAIRVIEW ROAD MARIANNA, FL 32444			Name RYDER LARAMORE Street Address (P.O. Box Number is Not Acceptable) 1525 FAIRVIEW RD City MARIANNA FL Zip Code 32444		
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 RYDER LARAMORE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2/5/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASS, MACK J	NAME			
STREET ADDRESS	1525 FAIRVIEW ROAD	STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 32444	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARAMORE, RYDER A	NAME			
STREET ADDRESS	4141 LARAMORE ROAD	STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 32448	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANIELS, NOLAN	NAME			
STREET ADDRESS	1447 LIPFORD ROAD	STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 32448	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: RYDER LARAMORE		Signature and typed or printed name of signing officer or director			
		Date 2/5/08 Daytime Phone # 850482-8463			