2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N07000010085

Entity Name: CENTRAL FLORIDA ECONOMIC COOPERATIVE, INC.

Current Principal Place of Business:

12643 SWEET HILL RD.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

PO BOX 161603
ALTAMONTE SPRINGS, FL 327161603

New Mailing Address:

FEI Number: 35-2315143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTLE, PATRICK
12643 SWEET HILL RD.
POLK CITY, FL 33868 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: D ( ) Delete
Name: HARTLE, PATRICK
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

Title: D ( ) Delete
Name: DAVIS, JESSE
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

Title: D ( ) Delete
Name: JILES, SHAWN
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

Title: D ( ) Delete
Name: FORGET, JOSEPH
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

Title: D (X) Delete
Name: FREEMAN, JAMIE
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: JILES, SHAWN
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

Title: D (X) Change ( ) Addition
Name: FREEMAN, JAMIE
Address: PO BOX 161603
City-St-Zip: ALTAMONTE SPRINGS, FL 327161603

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: JOSEPH PAUL FORGET D 04/14/2009

Electronic Signature of Signing Officer or Director — Date