

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001044

FILED  
May 15, 2009  
Secretary of State

Entity Name: THE GREATER NORTHWEST FLORIDA CO-OP, INC

**Current Principal Place of Business:**

1480 HICKORY STREET  
SUITE 104  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1480 HICKORY STREET  
SUITE 104  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 26-1952791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COFFIELD SACHS, COLLEEN  
1719 S COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459      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: P, D      ( ) Delete  
Name: COSTA, DAVID  
Address: 1480 HICKORY STREET, STE 104  
City-St-Zip: NICEVILLE, FL 32578

Title: VP D      ( ) Delete  
Name: RADCLIFF, LINDA  
Address: PO BOX 18945  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: T, D      ( ) Delete  
Name: LAREAU, DENNIS  
Address: 816 CORBIN ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: S      ( ) Delete  
Name: JOHNSTONE, TRACY  
Address: 2101 NORTHSIDE DRIVE, STE 202  
City-St-Zip: PANAMA CITY, FL 32405

**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:

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: DAVID M COSTA

P.D

05/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date