

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90232 036 ****61.25

DOCUMENT # N34070

1. Entity Name
FRANCHISEE COOPERATIVE ASSOCIATION, INC.



Principal Place of Business
**5581 COMMONWEALTH AVE.
JACKSONVILLE, FL 32254**

Mailing Address
**5581 COMMONWEALTH AVE.
JACKSONVILLE, FL 32254**

40084639



2. Principal Place of Business - No P.O. Box #
1305 St Johns Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 459
Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State
Palatka FL
Zip
32177 Country
US

City & State
Palatka FL
Zip
32178 Country
US

4. FEI Number
59-2971153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **Mark P. Stanton**
Street Address (P.O. Box Number is Not Acceptable)
1305 St Johns Ave
City **Palatka** FL Zip Code **32177**

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: *Mark P. Stanton* **Mark P. Stanton** **4/24/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ULMER, MICKEY 642 E ST. RD 200 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, JOHN 109 SUNSET POINT PALATKA, FL 32177 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAI TUBEL, ED 7421 CARMEL EXECUTIVE PARK #250 CHARLOTTE, NC 28226 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARDNER, CURTIS 2103 SHORTER AVENUE ROME, GA 30165 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCNAB, JIM PO BOX 1230 FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COYNE, DALE 5980 WINKLER RD FORT MYERS, FL 33919 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D James M. McNab Jr 5185 S Tropical Trail Merritt Island FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Mark P Stanton 1305 St Johns Avenue Palatka FL 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Mark P. Stanton* **Mark P Stanton, Treasurer 4/24/07 (386) 328-1553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #