

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34070

FILED
Apr 23, 2009
Secretary of State

Entity Name: FRANCHISEE COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

1305 ST JOANE AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 459
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2971153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, MARK P
1305 ST JOHNS AVE
PALATKA, FL 32177 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: DS () Delete
Name: ULMER, MICKEY
Address: 642 E ST. RD 200
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: MCNAB, JAMES M JR
Address: 5185 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: TUBEL, ED
Address: 7421 CARMEL EXECUTIVE PARK #250
City-St-Zip: CHARLOTTE, NC 28226

Title: CM () Delete
Name: THOMAS, RICK
Address: 268 JOHNSON RD
City-St-Zip: BERE A, KY 40403

Title: T () Delete
Name: STANTON, MARK P
Address: 1305 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: COYNE, DALE
Address: 5980 WINKLER RD
City-St-Zip: FORT MYERS, FL 33919

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
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City-St-Zip:

Title: () Change () Addition
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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: MARK P. STANTON

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date