

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002357

FILED
Feb 10, 2009
Secretary of State

Entity Name: MOLOKAI CO-OP, INC.

Current Principal Place of Business:

1 HAWAIIAN WAY
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

1 HAWAIIAN WAY
LEESBURG, FL 34788 US

New Mailing Address:

FEI Number: 59-3317542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RICHARD P
1000 WEST MAIN ST.
LEESBURG, FL 34748 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: 1VP () Delete
Name: DEOPERE, FRANK L 1ST VP
Address: 19 HAWAIIAN WAY
City-St-Zip: LEESBURG, FL 34788

Title: P () Delete
Name: NOEL, OSCAR A PRES.
Address: 184 PARADISE NORTH
City-St-Zip: LEESBURG, FL 34788

Title: 2VP () Delete
Name: LEAVER, MURRAY A 2ND VP
Address: 59 KONO CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: SHAW, MARK B TREAS
Address: 56 KONO CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: SEC' () Delete
Name: SANTI, MILDRED M SEC'Y
Address: 147 MALAYON WAY
City-St-Zip: LEESBURG, FL 34788

Title: AT () Delete
Name: ELLIOTT, KENWOOD D AST.TRE
Address: 219 PARADISE SOUTH
City-St-Zip: LEESBURG, FL 34788

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:

Title: AST (X) Change () Addition
Name: WEESIES, JAMES A AST T.
Address: 190 PARADISE NORTH
City-St-Zip: LEESBURG, FL 34788

Title: AT (X) Change () Addition
Name: ELLIOTT, KENWOOD D SEC'Y
Address: 219 PARADISE SOUTH
City-St-Zip: LEESBURG, FL 34788

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: OSCAR NOEL

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date