

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

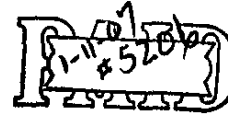
FILED

Jan 17, 2007 08:00 AM

Secretary of State

DOCUMENT # N96000004714

1. Entity Name
MICANOPY AREA COOPERATIVE SCHOOL, INC.



Principal Place of Business
**THE STROBLES RECREATION CENTER
SEMINARY STREET AND CR 234
MICANOPY, FL 32667 US**

Mailing Address
**802 NW SEMINARY ST
MICANOPY, FL 32667 US**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397265

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANDRY, CARLTON
11921 NW 8 RD
GAINESVILLE, FL 32606**

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IN THIS SPACE**

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 _____

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**

**U000000589827
01/18/07-80031-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAY, MELISSA
7605 SE COUNTY RD 234
GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COX, ROBERT
7122 SW 8TH WAY
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WITTMAN, SARAH
4444 NW 74TH TERR
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, TREY
10612 SW 10TH TERE
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKUP, JIM
PO BOX 332
EVINSTON, FL 32633**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2007