

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 022 ****61.25

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3397265	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDRY, CARLTON 11921 NW 8 RD GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Anne Thomson Street Address (P.O. Box Number is Not Acceptable) 63 NW 48th Blvd. City Gainesville FL Zip Code 32607		
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 <u><i>Anne Thomson</i></u> Interim Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, MELISSA 7605 SE COUNTY RD 234 GAINESVILLE, FL 32641		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, ROBERT 7122 SW 8TH WAY GAINESVILLE, FL 32608		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITTMAN, SARAH 4444 NW 74TH TERR OCALA, FL 34482		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TREY 10612 SW 10TH TERE MICANOPY, FL 32667		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKUP, JIM PO BOX 332 EVINSTON, FL 32633		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKUP, JIM PO BOX 332 EVINSTON, FL 32633		<input type="checkbox"/> Delete		
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: <u><i>Anne Thomson</i></u> 1-15-07 352-466-0990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					