

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004714

FILED
Jan 23, 2009
Secretary of State

Entity Name: MICANOPY AREA COOPERATIVE SCHOOL, INC.

Current Principal Place of Business:

THE STROBLES RECREATION CENTER
SEMINARY STREET AND CR 234
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

802 NW SEMINARY ST
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-3397265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, ANNE M
63 NW 48TH BLVD
GAINESVILLE, FL 32607 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: D () Delete
Name: DANIELS, SANDRA
Address: 15914 S US HWY 441
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: COX, ROBERT
Address: 7122 SW 8TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: WITTMAN, SARAH
Address: 4444 NW 74TH TERR
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: JOHNSON, TREY
Address: 10612 SW 10TH TERE
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: WALKUP, JIM
Address: PO BOX 332
City-St-Zip: EVINSTON, FL 32633

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLERTON, ELIZABETH
Address: 2037 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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: D (X) Change () Addition
Name: WALKUP, JAMES
Address: PO BOX 332
City-St-Zip: EVINSTON, FL 32633

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: JAMES WALKUP

DIR

01/23/2009

Electronic Signature of Signing Officer or Director

Date