

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004714

FILED
Jan 10, 2011
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:

802 NW SEMINARY STEET
MICANOPY, FL 32667 US

Current Mailing Address:

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

New Mailing Address:

802 NW SEMINARY STEET
MICANOPY, FL 32667 US

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
Name: ALLERTON, ELIZABETH
Address: 2037 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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

Title: D
Name: EUBANK, JOHN
Address: 3509 SW WACAHOOTA RD
City-St-Zip: MICANOPY, FL 34667

Title: D
Name: WALKUP, JAMES
Address: PO BOX 332
City-St-Zip: EVINSTON, FL 32633

Title: D
Name: WILKERSON, JOHN
Address: 16909 SE 26TH ST
City-St-Zip: MICANOPY, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: ANNE M THOMSON

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01/10/2011

Electronic Signature of Signing Officer or Director

Date