FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90067 010 ****61.25

	DOCUMENT #	N9700000140	8
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1. Corporation Name GRIFFWOOD CO-OP, INC.	
Principal Place of Business	Mailing Address
03896 PICCIOLA RD #214 FRUITLAND PARK FL 34731 US	PO BOX 492228 LEESBURG FL 34749 US
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	Gity & State
23	128

|--|

	12				-		•		
2.	Principal Place of Business	2a 26	Mailing Address				Date Incorporated or Qualifed 03/12/1997		
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				FEI Number 59-3439600		Applied For Not Applicable
3	- City & State	28	City & State	=.		5.	Certificate of Status Desired		75 Additional e Required
<u> </u>	Zip Country	29	Zip Count	try			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	JOHNSON, CHARLES D 907 WEBSTER ST			B1 B2	Name Street Address	(P.	O. Box Number is Not Acceptable)		
	LEESBURG FL 34748		·	B3					
				B4	City		Fl	-171	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
S	IGNATURE		Manufeable /NOTE: Panietared A	dent	t signature required wh	en fe	instation) DATE		
1:	Signature, typed or printed name of registered agent a	_		90111	t agriculto radonos est		DDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
- 1.	Z DEFICIERS AND	1.7174	CL.111763 B 14.			,,,			

☐ Addition Change DELETE TILE 1.1 TITLE SIEWERT, BERNARD C 1.2 NAME NAME 3896 PICCIOLA ROAD, LOT 251 1.3 STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 22 DELETE 2.1 TITLE TITLE LAMANNA, JUSTIN H 22 NAME NAME 3896 PICCIOLA ROAD, LOT 432 2.3 STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1.TITLE MILE. NIEKAMP, JAMES 3.2 NAME NAME 03896 PICCIOLA RD., #411 3.3 STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE DS THOMAS, AGNES M 4. 2 NAME NAME 3896 PICCIOLA ROAD, LOT 631 4.3 STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition **DELETE** 5.1 TITLE TITLE OLSZEWSKI, KATHERINE 5.2 NAME HANSEN, NORMAN A NAME 0 3896 PICCIOLA Rd #421 5.3 STREET ADDRESS 3896 PICCIOLA ROAD, LOT 642 STREET ADDRESS FRUITLAND PARK, 11 34731 5.4 CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP ☐ Change Addition 61 TITLE DELETE DΛ TITLE 6.2 NAME THOMAS, CHARLES NAME 6.3 STREET ADDRESS 03896 PICCIOLA RD STREET ADDRESS FRUITLAND PARK FL 34731 6.4 CITY-ST-ZIP CITY-ST-ZiP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with ap address, with all other like empowered.

SIGNATURE:

March 23 - 99 - Tres

CR2F037 (11/98)