

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# N97000001408

Entity Name: GRIFFWOOD CO-OP, INC.

Current Principal Place of Business:

03896 PICCIOLA RD
FRUITLAND PARK, FL 34731 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 492228
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 59-3439600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RICHARD P
1000 W. MAIN ST.
LEESBURG, FL 34748 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: DP () Delete
Name: HOFFARD, MARK
Address: 03896 PICCIOLA RD., #241
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DS () Delete
Name: BIGGERSTAFF, HILDA
Address: 03896 PICCIOLA RD #153
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DT () Delete
Name: SMITH, CLARENCE
Address: 03896 PICCIOLA ROAD #440
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: RATZ, KENNETH
Address: 03896 PICCIOLA RD #222
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Delete
Name: POTTER, FRANK
Address: 03896 PICCIOLA ROAD #642
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DV (X) Delete
Name: KNIGHTON, ELI
Address: 03896 PICCIOLA RD., 622
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: THOMAS, CHARLES E
Address: 03896 PICCIOLA RD #631
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DTS (X) Change () Addition
Name: SMITH, CLARENCE
Address: 03896 PICCIOLA ROAD #440
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Change () Addition
Name: POTTER, FRANK
Address: 03896 PICCIOLA ROAD #642
City-St-Zip: FRUITLAND PARK, FL 34731

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES E. THOMAS

DVP

02/27/2007

Electronic Signature of Signing Officer or Director

Date