

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Amended

For Office Use Only

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FILED

2007 NOV 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000001408*

1. Entity Name

Griffwood Co-op, Inc



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2. Principal Place of Business - No P.O. Box #

03896 Picciola Rd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 492228

Suite, Apt. #, etc.

CR2E037B (5/07)

City & State

Fruitland Park FL

City & State

Leesburg FL

4. FEI Number

59-3439600

Applied For

Not Applicable

Zip

34731

Country

USA

Zip

34749

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Newman, Richard P

Street Address (P.O. Box Number is Not Acceptable)

1000 W Main Street

City

Leesburg

FL

Zip Code

34748

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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.

NO CHANGE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>OP</i>
NAME	<i>HOFFARD, MARK</i>
STREET ADDRESS	<i>03896 PICCIOLA RD. #241</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	<i>DS</i>
NAME	<i>BIGGERSTAFF, HILDA</i>
STREET ADDRESS	<i>03896 PICCIOLA RD. #153</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	<i>OT</i>
NAME	<i>SMITH CLARENCE</i>
STREET ADDRESS	<i>03896 PICCIOLA RD. #440</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	<i>D</i>
NAME	<i>POTTER, FRANK</i>
STREET ADDRESS	<i>03896 PICCIOLA RD #642</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	<i>D</i>
NAME	<i>HARRIS, EDWARD</i>
STREET ADDRESS	<i>03896 PICCIOLA RD #252</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	<i>D</i>
NAME	<i>FITZGERALD, DELMAR</i>
STREET ADDRESS	<i>03896 PICCIOLA RD #511</i>
CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *mark hoffard* MARK HOFFARD

11-1-07

352-787-6156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #