


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N97000006785</b><br>1. Entity Name<br><b>MATLACHA PASS COOPERATIVE, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>4270 PINE ISLAND ROAD<br/>MATLACHA FL 33993</b> | Mailing Address<br><b>P. O. BOX 643<br/>MATLACHA FL 33993<br/>US</b> |
|---|--|



|   |                    |
|---|--------------------|
| 2. Principal Place of Business - No P O Box # | 3. Mailing Address |
| Suite, Apt #, etc.                            | Suite, Apt #, etc. |
| City & State                                  | City & State       |
| Zip   | Country            |

1st MOORE CR2E037 (10/06)

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FROCK, JAMES L<br/>4270 PINE ISLAND ROAD<br/>MATLACHA FL 33993</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|---|

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

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.

SIGNATURE *James L Frock* 4.23.07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | SEARS, HAROLD                     |
| STREET ADDRESS             | 4270 PINE ISLAND ROAD             |
| CITY - ST - ZIP            | MATLACHA FL 33993                 |
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | SEARS, KRISTIN T                  |
| STREET ADDRESS             | 4270 PINE ISLAND ROAD             |
| CITY - ST - ZIP            | MATLACHA FL 33993                 |
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | FROCK, JAMES L                    |
| STREET ADDRESS             | 4270 PINE ISLAND ROAD             |
| CITY - ST - ZIP            | MATLACHA FL 33993                 |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | L00000735775 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 05/10/07-80048-003 70.00   |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *James L Frock* **JAMES L FROCK 4.23.07**