

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006785

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** MATLACHA PASS COOPERATIVE, INC.

**Current Principal Place of Business:**

4270 PINE ISLAND ROAD  
MATLACHA, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 643  
MATLACHA, FL 33993 US

**New Mailing Address:**

P. O. BOX 183  
MATLACHA, FL 33993 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FROCK, JAMES L  
4270 PINE ISLAND ROAD  
MATLACHA, FL 33993 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: SEARS, HAROLD  
Address: 4270 PINE ISLAND ROAD  
City-St-Zip: MATLACHA, FL 33993

Title: D  
Name: SEARS, KRISTIN T  
Address: 4270 PINE ISLAND ROAD  
City-St-Zip: MATLACHA, FL 33993

Title: D  
Name: FROCK, JAMES L  
Address: 4270 PINE ISLAND ROAD  
City-St-Zip: MATLACHA, FL 33993

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: JAMES FROCK

D

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date