2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003004

FILED Aug 25, 2008 Secretary of State

Entity Name: FRANCIS I COOPERATIVE ASSOCIATION, INC...

Current P	rincipal Place of Business:	New Principal Place of Business:	
29 MIMI ST SEBRING,	Г FL 33875		
Current M	lailing Address:	New Mailing Address:	
29 MIMI ST SEBRING,	Г. FL 33875		
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receiv	lumber Not Applicable() Certificate of Status Desired() e the prior notice.)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
240 S. PIN	, SCOTT E ESQ. EAPPLE AVE., 10TH FLOOR A, FL 34236 US	KORP, WILLIAM 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 US	
	named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or b	ooth,
SIGNATUF	RE: WILLIAM KORP	08/25/2008	
	Electronic Signature of Registered Agent	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS
Title: Name: Address: City-St-Zip:	P () Delete HOFFARTH, BERNARD 336 TIGERTAIL RD SEBRING, FL 33875	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	V () Delete JEWELL, CROUCH 455 SUNRISE BOULEVARD SEBRING, FL 33875	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete CORMIER, FRAN 429 SUNRISE BLVD SEBRING, FL 33875	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete ROBERTS, SUSAN 602 SEBRING DR SEBRING, FL 33825	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete WHITEHEAD, JULIETTE 509 VON MAXCY DRIVE SEBRING, FL 33875	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete O'NEILL, JOHN 706 SUNSHINE LANE SEBRING, FL 33875	Title: D (X) Change () Addition Name: SAUER, NORM Address: 333 TIGERTAIL ROAD City-St-Zip: SEBRING, FL 33875	

I hereby certify that the information supplied with this filing does not qualify 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: BERNARD HOFFARTH P 08/25/2008