

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003004

FILED
Apr 16, 2009
Secretary of State

Entity Name: FRANCIS I COOPERATIVE ASSOCIATION, INC..

Current Principal Place of Business:

29 MIMI ST
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

29 MIMI ST.
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-0322462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORP, WILLIAM
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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: P () Delete
Name: HOFFARTH, BERNARD
Address: 336 TIGERTAIL RD
City-St-Zip: SEBRING, FL 33875

Title: V () Delete
Name: JEWELL, CROUCH
Address: 455 SUNRISE BOULEVARD
City-St-Zip: SEBRING, FL 33875

Title: S () Delete
Name: CORMIER, FRAN
Address: 429 SUNRISE BLVD
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: ROBERTS, SUSAN
Address: 602 SEBRING DR
City-St-Zip: SEBRING, FL 33825

Title: D () Delete
Name: WHITEHEAD, JULIETTE
Address: 509 VON MAXCY DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: SAUER, NORM
Address: 333 TIGERTAIL ROAD
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: KELLER, PAT
Address: 551 ADDISON STREET
City-St-Zip: SEBRING, FL 33875

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

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

Title: D (X) Change () Addition
Name: DEMORE, TERRY
Address: 338 TIGERTAIL ROAD
City-St-Zip: SEBRING, FL 33875

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

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

04/16/2009

Electronic Signature of Signing Officer or Director

Date