2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005896

Entity Name: FOREST GLENN CO-OP, INC.

Current Principal Place of Business:

1431 FRIAR TUCK LANE
SPRING HILL, FL 34607

Current Mailing Address:

1431 FRIAR TUCK LANE
SPRING HILL, FL 34607

FEI Number: 20-2971209

Name and Address of Current Registered Agent:

TAYLOR, KATHY
5173 FOREST GLENN DR
SPRING HILL, FL 34607 US

FILED
Feb 14, 2019
Secretary of State
1255784217CC

Certificate of Status Desired: No

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: KATHY TAYLOR — 02/14/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	TAYLOR, KATHY
Address	5135 FOREST GLENN DR
City-State-Zip:	SPRING HILL FL 34607

Title	DIRECTOR
Name	WELSH, CARL
Address	1411 CROSS BOW LANE.
City-State-Zip:	SPRING HILL FL 34607

Title	TREASURER
Name	TURNER, CAROLYN
Address	5213 FOREST GLENN DRIVE
City-State-Zip:	SPRING HILL FL 34607

Title	DIRECTOR
Name	PRICE, BARBARA
Address	5131 FOREST GLENN DRIVE
City-State-Zip:	SPRING HILL FL

Title	VP
Name	STAGG, SU
Address	1407 FRIAR TUCK LANE
City-State-Zip:	SPRING HILL FL 34607

Title	SECRETARY
Name	TRANSUE, MAXINE
Address	5207 FOREST GLENN DR
City-State-Zip:	SPRING HILL FL 34607

Title	DIRECTOR
Name	TISHUK, RON
Address	5123 FOREST GLENN DRIVE
City-State-Zip:	SPRING HILL FL

Title	DIRECTOR
Name	GOODMAN, RICHARD
Address	1400 FRIAR TUCK LANE
City-State-Zip:	SPRING HILL FL 34607

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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: KATHY TAYLOR — PRESIDENT — 02/14/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHULTHEIS, NAOMI
Address	5072 BUCCANEER
City-State-Zip:	SPRING HILL FL 34607