

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07854

Entity Name: COMMUNITY COOPERATIVE, INC.**Current Principal Place of Business:**3429 MARTIN LUTHER KING JR. BLVD.
FORT MYERS, FL 33916**Current Mailing Address:**PO BOX 2143
FORT MYERS, FL 33902**FEI Number: 59-2602772****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EDWARDS, STEFANIE
1546 RICARDO AVE
FORT MYERS, FL 33901 US*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

Officer/Director Detail :

Title CHAIRMAN
Name MILLER, CHARLOTTE
Address 1813 LEE STREET
City-State-Zip: FORT MYERS FL 33901

Title VC
Name VANHORN, RYAN
Address 2269 PALM AVE
City-State-Zip: FORT MYERS FL 33916

Title CEO
Name EDWARDS, STEFANIE
Address 3429 MARTIN LUTHER KING JR. BLVD.
City-State-Zip: FORT MYERS FL 33916

Title CFO
Name FRETWELL, BLAIR
Address 3429 MARTIN LUTHER KING JR. BLVD.
City-State-Zip: FORT MYERS FL 33916

Title TREASURER
Name GALLOWAY, ROBERT
Address 1800 BOY SCOUT DRIVE
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name KLEIN, JULIE
Address 4426 SE 16TH PLACE
UNIT 4
City-State-Zip: CAPE CORAL FL 33904

Title CHIEF OPERATIONS OFFICER
Name SIEKMANN, TRACY
Address 3429 MARTIN LUTHER KING JR. BLVD.
City-State-Zip: FORT MYERS FL 33916

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: BLAIR FRETWELL**CFO****02/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date