

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07854

**Entity Name:** COMMUNITY COOPERATIVE, INC.**Current Principal Place of Business:**3429 DR MARTIN L KING  
FORT MYERS, FL 33916**Current Mailing Address:**PO BOX 2143  
FORT MYERS, FL 33902**FEI Number:** 59-2602772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLOWAY, TRACEY U  
1344 SHEFFIELD WAY  
FORT MYERS, FL 33919 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 S  
Name HAAS, KATIE  
Address 1654 MARLYN AVENUE  
City-State-Zip: FORT FL 33901

Title VC  
Name TEJERO, JORDI  
Address 4426 SE 16TH PLACE  
# 3  
City-State-Zip: CAPE CORAL FL 33904

Title C  
Name KIRKWOOD, WAYNE  
Address P.O. BOX 150206  
City-State-Zip: CAPE CORAL FL 33915

Title CEO  
Name GALLOWAY, TRACEY U  
Address PO BOX 2143  
City-State-Zip: FORT MYERS FL 33902

Title CFO  
Name FRETWELL, BLAIR  
Address 322 SW 21ST STREET  
City-State-Zip: CAPE CORAL FL 33991

*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****02/24/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date