

2020 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	VC
Name	MILLER, CHARLOTTE
Address	1813 LEE STREET
City-State-Zip:	FORT MYERS FL 33901

Title	SECRETARY, TREASURER
Name	VANHORN, RYAN
Address	1210 WESTFIELD DRIVE
City-State-Zip:	FORT MYERS FL 33919

Title	C
Name	BANASIAK, KEITH
Address	13110 RICKENBACKER PKWY
City-State-Zip:	FORT MYERS FL 33913

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****03/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date