# 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14000008570

Entity Name: FREE RANGE LEARNING COOPERATIVE, INC.

FILED
Jun 03, 2016
Secretary of State
CC5653755191

#### **Current Principal Place of Business:**

6625 TERRY ROAD JACKSONVILLE, FL 32216

## **Current Mailing Address:**

6625 TERRY ROAD

JACKSONVILLE, FL 32216 US

FEI Number: 47-4843778 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

WILSON, KRISTEN 6625 TERRY ROAD JACKSONVILLE, FL 32216 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: KRISTEN PERRYMAN WILSON

06/03/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name EDDY, SHERRI Name PERRYMAN WILSON, KRISTEN

Address 6625 TERRY ROAD Address 6625 TERRY ROAD

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

TitleDIRECTORTitleDIRECTORNameLEE, LORINameHASKETT, LORAAddress6625 TERRY ROADAddress6625 TERRY ROAD

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR Title DIRECTOR

NameSIMONEAUX, SANDYNameLAKEY, JESSICAAddress6625 TERRY ROADAddress6625 TERRY ROAD

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

TitleDIRECTORTitleDIRECTORNameDENT, PAMNameDAVIS, TONY

Address 6625 TERRY ROAD Address 6625 TERRY ROAD

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

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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: SHERRI EDDY DIRECTOR 06/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name NORTON, MICHELLE Address 6625 TERRY ROAD

City-State-Zip: JACKSONVILLE FL 32216