

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008570

**Entity Name:** FREE RANGE LEARNING COOPERATIVE, INC.

**Current Principal Place of Business:**

7405 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

P.O. BOX 57741  
JACKSONVILLE, FL 32241 US

**FEI Number:** 47-1851449

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLBROOK, CARI S  
10484 INDIAN WALK ROAD  
JACKSONVILLE, FL 32257 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            DIR  
Name            HOLBROOK, CARI S  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIR  
Name            WOLF, DENNIS W JR.  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            HOLLAND, JESSICA  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            BURR-SMITH, LAURA  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            HOLLEY, MICHELE  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            RIKER, MARY  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            PALMER, MICHAEL  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

Title            DIRECTOR  
Name            DONAT-GERMAIN, CHRISTY  
Address        P.O. BOX 57741  
City-State-Zip: JACKSONVILLE FL 32241

**Continues on page 2**

*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:** CARI HOLBROOK

**DIRECTOR**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            SUTER, KRISTIN

Address         P.O. BOX 57741

City-State-Zip: JACKSONVILLE FL 32241