

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001408

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC9234403870**

**Entity Name:** GRIFFWOOD CO-OP, INC.

**Current Principal Place of Business:**

03896 PICCIOLA RD  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

03896 PICCIOLA RD  
FRUITLAND PARK, FL 34731 US

**FEI Number:** 59-3439600

**Certificate of Status Desired:** No

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

BOYLE, JILL A  
3896 PICCIOLA RD .  
OFFICE  
FRUITLAND PARK, FL 34731 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:** JILL A BOYLE

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT, DIRECTOR  
Name           MCKAUFISKY, GREGORY  
Address        03896 PICCIOLA RD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           TREASURER, DIRECTOR  
Name           SKOLDS, MARK  
Address        03896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           SECRETARY  
Name           SPENCER, ROBERT  
Address        03896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           DIRECTOR  
Name           MONTGOMERY, PATRICIA IRENE  
Address        03896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           VP  
Name           ROBINSON, GLEE ANN  
Address        03896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           DIRECTOR  
Name           WELLS, CECIL  
Address        3896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           DIRECTOR  
Name           NENNE, LARRY  
Address        3896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title           DIRECTOR  
Name           LANDLE, ROBERT  
Address        03896 PICCIOLA RD  
City-State-Zip: FRUITLAND PARK FL 34731

**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:** GREGORY MCKAUFISKY

**PRESIDENT**

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOHNSON, WILLIAM  
Address        3896 PICCIOLA ROAD  
City-State-Zip: FRUITLAND PARK FL 34731