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FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714338** (1)

1. Corporation Name

COOPERATING PARISHES, INC.

Principal Place of Business

**519 EAST FIRST ST
SANFORD FL 32771**

Mailing Address

**519 EAST FIRST ST
SANFORD FL 32771-1414**



3. Date Incorporated or Qualified **03/28/1968** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6247573	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**BOYD, ARLENE
639 ELWOOD STREET
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	S	<input type="checkbox"/> DELETE	13. 1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERDMANN, MARY		1.2 NAME	KEN GOODING	
STREET ADDRESS	919 HEMINGWAY DR.		1.3 STREET ADDRESS	349 CADDIE DRIVE	
CITY - ST - ZIP	DELTONA FL		1.4 CITY - ST - ZIP	DEBARY, FL 32713	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINNER, FRED J.		2.2 NAME	MILDRED NICHOLAS	
STREET ADDRESS	978 WHITEWOOD DRIVE		2.3 STREET ADDRESS	314 SATSUMA DRIVE	
CITY - ST - ZIP	DELTONA FL		2.4 CITY - ST - ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, PHIL		3.2 NAME	LYDIA HOLLANDS	
STREET ADDRESS	307 S PINE AVE		3.3 STREET ADDRESS	2101 HONTON RD.	
CITY - ST - ZIP	SANFORD FL		3.4 CITY - ST - ZIP	DELAND, FL 32720	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWOOD, DOUGLAS		4.2 NAME		
STREET ADDRESS	808 HEMLOCK TERRACE		4.3 STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBISH, JOHN		5.2 NAME		
STREET ADDRESS	700 W. 25TH STREET		5.3 STREET ADDRESS		
CITY - ST - ZIP	SANFORD FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, BRAXTON		6.2 NAME		
STREET ADDRESS	2119 SANFORD AVENUE		6.3 STREET ADDRESS		
CITY - ST - ZIP	SANFORD FL		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas B. Ashwood

DOUGLAS ASHWOOD, VICE PRES.

1-31-97

CR2E037 (9/96)