FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 13 1998 8:00am Secretary of State

1. Corporation	on Name # / 14338	(1)						
COOP	ERATING PARISHES, INC.							
	Elimina i Miloneo, iito.					Isan dian elan bian bian e	Jadah dalah Asda	
Principal Place of Business		Mailing Address			HON ALEN BIRIT SIND O	HOLL BING INDI		
519 EAST FIRST ST		519 EAST FIRST ST		3. Date Incorporated or Qualified				
SANFORD FL 32771		SANFORD FL 32771		03/28/1968				
					4. FEI Number	I A	pplied For	
					59 -6 247573	F	lot Applicable	
2. Principal Place of Business.		26. Mailing Address		5. Certificate of Status Desired	\$8.75	Additional		
Suite, Apt #, e*c		[26]			Fee R	Required		
22		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00			
City & State		City & State		7. Is this nonprofit corporation a home				
23		28		Year is this homprofit corporation a nome.		ארוני		
Zip	Country	Zip	Country		8. This corporation owes or has paid the	he current year In	ntangible	
2425]		29 30		Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist	ered Agent		
DOUB	• • • • • • • • • • • • • • • • • • • •		81 N	ame				
BOYD, ARLENE			82 St	82 Street Address (P.O. Box Number is Not Acceptable)				
639 ELWOOD STREET DELTONA FL 32725			83					
DELIGI	IA FL 32/20							
			84 C	ty	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos, office or positive of agent, or both, in the State of Florida. Such change was authogent. Vam families with agent accept the obligations of, Section 617.0503, Florida.				med corp	oration submits this statement for the purpo	ose of changing	its registered	
office or agent. Va	rgistered negati, or both, in the State o im family with, and accept the obligat	∌ Horida. Such change was ∋ons of, Section 617.0503, FI	authorized by the orida Statutes.	corporation	on's board of directors. I hereby accept th	e appointment as	s registered	
SIGNATURE	which acvarlene	Boyd, Admin	istrator		2 - 4 - 98			
12.	Signature (see) of prob (see or orge fee of agent	and the Engals able (NO)	E. Begistered Agent sig	nature require				
TITLE	OLFICERS AND	DELETE	13.	 ,	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 12	
NAME	ERDMANN,MARY		1.2 NAME	1 '	D	Onlinge	ALI NOUILION	
STREET ADURESS	919 HEMINGWAY DR.		1.3 STREET ADDI	ESS S	ooding, Kenneth			
CITY-ST-ZIP	DELTONA FL		1.4 CITY - ST-ZIF	34	49 Caddie Drive eBary, FL 32713			
TITLE	P	DEFETE	2 1 TITLE	D	erary, IL 32/13	☐ Change	X Addition	
NAME	SHINNER, FRED J.		2.2 NAME	N	icholas, Mildred			
STREET ADDRESS	978 WHITEWOOD DRIVE		2 3 STREET ADD		14 Satsuma Drive			
CITY - ST - ZIF	DELTONA FL	· · · · · · · · · · · · · · · · · · ·	2 4 CITY-ST-ZI		anford, FL 32771			
TITLE	D D	DETE LE	3 1 TITLE	D	•	☐ Change	K Addition	
NAME STREET ADDRESS	ROCHE, PHIL 307 S PINE AVE		3.2 NAME	He	ollands, Lydia			
	SANFORD FL		3 3 STHEET ADDE	4	101 Hontoon Rd			
CITY-ST-ZIP TITLE	V	DELETE	4.1 TITLE	D	eland, FL 32720	Change	Addition	
NAME	ASHWOOD, DOUGLAS	—	4. 2 NAMÉ			onunge	- 100111011	
STREET ADDRESS	808 HEMLOCK TERRACE		4.3 STREET ADDE	ESS				
CHTY+ST-ZHP	DELTONA FL		4.4 CITY - ST - ZIP					
THILF	D	DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	WIMBISH, JOHN		5.2 NAME					
STREET ADDRESS	700 W. 25TH STREET		5 3 STREET ADDR	ISS				
CITY-SI-ZIF	SANFORD FL	□ &:	5.4 CITY-ST-ZIP					
TITLE	DEDVING BOAYTON	☐ DECETÉ	6.1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS	PERKINS, BRAXTON 2119 SANFORD AVENUE		6.2 NAME					
CITY-ST-ZIP	SANFORD FI		6.3 \$18661 ADDR	:00				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.