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Feb 24, 1999 8:00 am
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02-24-1999 90102 021 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714338

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/28/1968

4. FEI Number

59-6247573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GOODING, KENNETH**

STREET ADDRESS **349 CADDIE DR**

CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ DELETE

NAME **NICHOLAS, MILDRED**

STREET ADDRESS **314 SATSUMA DR**

CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE

NAME **HOLLANDS, LYDIA**

STREET ADDRESS **2101 HONTOON RD**

CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☒ DELETE

NAME **OCZKOWSKI, ED**

STREET ADDRESS **2444 POLK ST #106**

CITY-ST-ZIP **HOLLYWOOD FL 33070**

TITLE **D** ☒ DELETE

NAME **ROBERTS, SHIRLEY**

STREET ADDRESS **2444 POLK ST #105**

CITY-ST-ZIP **SANFORD FL 33020**

TITLE **D** ☐ DELETE

NAME **PERKINS, BRAXTON**

STREET ADDRESS **2119 SANFORD AVENUE**

CITY-ST-ZIP **SANFORD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME **Fred Shinner**

1.3 STREET ADDRESS **978 Whitewood Drive**

1.4 CITY-ST-ZIP **Deltona, FL 32725**

2.1 TITLE **VP** ☐ Change ☐ Addition

2.2 NAME **Douglas Ashwood**

2.3 STREET ADDRESS **808 Hemlock Terrace**

2.4 CITY-ST-ZIP **Deltona, FL 32725**

3.1 TITLE **S** ☐ Change ☐ Addition

3.2 NAME **Mary Erdmann**

3.3 STREET ADDRESS **919 Hemingway Drive**

3.4 CITY-ST-ZIP **Deltona, FL 32725**

4.1 TITLE **D** ☐ Change ☐ Addition

4.2 NAME **Phil Roche**

4.3 STREET ADDRESS **1227 S Pine Ridge Circle**

4.4 CITY-ST-ZIP **Sanford, FL 32773**

5.1 TITLE **D** ☐ Change ☐ Addition

5.2 NAME **John Wimbish**

5.3 STREET ADDRESS **700 W 25 Street**

5.4 CITY-ST-ZIP **Sanford, FL 32772**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)