

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90177 032 \*\*\*\*61.25

DOCUMENT # 714338

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6247573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, ARLENE  
639 ELWOOD STREET  
DELTONA FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GOODING, KENNETH  
STREET ADDRESS 349 CADDIE DR  
CITY-ST-ZIP DEBARY FL 32713

TITLE S ☐ Change ☒ Addition  
NAME ERDMANN, MARY  
STREET ADDRESS 919 HEMINGWAY DR.  
CITY-ST-ZIP DELTONA, FL 32725

TITLE D ☐ Delete  
NAME NICHOLAS, MILDRED  
STREET ADDRESS 314 SATSUMA DR  
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Change ☒ Addition  
NAME ROCHG, PAUL  
STREET ADDRESS 1227 S. PINE RIDGE CIR.  
CITY-ST-ZIP SANFORD, FL 32773

TITLE D ☐ Delete  
NAME HOLLANDS, LYDIA  
STREET ADDRESS 2101 HONTOON RD  
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ Change ☒ Addition  
NAME RHOADES, MARY  
STREET ADDRESS 106 CRYSTAL VIEWS.  
CITY-ST-ZIP SANFORD, FL 32773

TITLE P ☐ Delete  
NAME SHINNER, FRED  
STREET ADDRESS 978 WHITEWOOD DR  
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Change ☒ Addition  
NAME WIMBISH, JOHN  
STREET ADDRESS 700 W 27TH ST  
CITY-ST-ZIP SANFORD, FL 32772

TITLE V ☐ Delete  
NAME ASHWOOD, DOUGLAS  
STREET ADDRESS 808 HEMLOCK TERR  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME PERKINS, BRAXTON  
STREET ADDRESS 2119 SANFORD AVENUE  
CITY-ST-ZIP SANFORD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADMINISTRATOR

ARLENE BOYD

CR2E037 (9/01)