


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90135 022 \*\*\*\*61.25

<b>DOCUMENT # 714338</b>	
1. Entity Name <b>COOPERATING PARISHES, INC.</b>	

Principal Place of Business <b>519 EAST FIRST ST SANFORD FL 32771</b>	Mailing Address <b>519 EAST FIRST ST SANFORD FL 32771</b>
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2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-6247573</b>	Applied For <input type="checkbox"/>
Zip	Country <b>SEMINOLE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>BOYD, ARLENE 639 ELWOOD STREET DELTONA FL 32725</b>	
7. Name and Address of New Registered Agent Name: <b>NA</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODING, KENNETH</b> <b>349 CADDIE DR</b> <b>DEBARY FL 32713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDMONDS, EDWARD</b> <b>2170 N. NORMANDY</b> <b>DELTONA, FL 32725</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICHOLAS, MILDRED</b> <b>314 SATSUMA DR</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEST, THOMAS</b> <b>1635 W. LAKE MARY BLVD</b> <b>LAKE MARY, FL 32795</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESSLINGER, PAM</b> <b>2101 HONTOON RD</b> <b>DELAND FL 32720</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARTHUR DEVITO</b> <b>4957 FAUN RIDGE DR</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHINNER, FRED</b> <b>978 WHITEWOOD DR</b> <b>DELTONA FL 32725</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ASHWOOD, DOUGLAS</b> <b>808 HEMLOCK TERR</b> <b>DELTONA FL 32725</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RHOADES, MARY</b> <b>106 CRYSTA VIEW S</b> <b>SANFORD FL 32773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Arlene Boyd **ARLENE BOYD** 4-6-05 (407) 323-4430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #