

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90028 039 \*\*\*\*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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Edmonds, Edward  
CITY-ST-ZIP 2170 N Normandy Blvd  
Deltona, FL 32725

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Fiedler, AL  
CITY-ST-ZIP 130 Plantation Rd  
DeBary, FL 32713

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ESSLINGER, PAM  
CITY-ST-ZIP 2101 HONTOON RD  
DELAND FL 32720

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS DeVito, Arthur  
CITY-ST-ZIP 4957 Fawn Ridge Place  
Sanford, FL 32771-7135

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS West, Thomas  
CITY-ST-ZIP 1635 W Lake Mary Blvd  
Lake Mary, FL 32795-0167

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Sherrouse, Wanda  
CITY-ST-ZIP 121 W 18th ST  
Sanford, FL 32771

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RHOADES, MARY  
CITY-ST-ZIP 106 CRYSTA VIEW S  
SANFORD FL 32773

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 exemptions contained in Section 119, 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 1-19-06 (407) 323-4430