


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 714338</b> 1. Entity Name <b>COOPERATING PARISHES, INC.</b>						<b>FILED</b>  <b>07 AUG 27 PM 4:20</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>519 EAST FIRST ST SANFORD, FL 32771</b>				Mailing Address <b>519 EAST FIRST ST SANFORD, FL 32771</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-6247573</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
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>Amy Charles, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>725 Primera Blvd. Ste. 145</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>			
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 <i>Elizabeth Thompson</i> <b>600108751486</b> (NOTE: Registered Agent signature required when reinstating) <b>07/16/07--01070--003 **131.25</b>							
<b>Filing Fee is \$61.25 Due by September 14, 2007</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>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODING, KENNETH 349 CADDIE DR DEBARY, FL 32713 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman David Johnson 111 Wood Ridge Trail Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, MILDRED 314 SATSUMA DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Al Fiedler 130 Plantation Road DeBary, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, ARTHUR 4957 FAWN RIDGE PL SANFORD, FL 327717135 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Edmonds 862 Shenandoah Ave. Deltona, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINNER, FRED 978 WHITEWOOD DR DELTONA, FL 32725 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas West 1635 W. Lake Mary Blvd. Lake Mary, FL 32795 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERROUSE, WANDA 121 W 18TH ST SANFORD, FL 32771 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gayle Leffler, 421 Virginia Ave. Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHOADES, MARY 106 CRYSTA VIEW S SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Drew Radenhausen 404 N. Sundance Drive Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <i>Elizabeth Thompson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>8/16/07</b> Daytime Phone # <b>(407) 324-8276</b> <div style="text-align: right; font-size: 2em;">SP</div>			