


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 017 \*\*\*\*61.25

<b>DOCUMENT # 714338</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6247573</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMY CHARLES, INC. 725 PRIMERA BLVD., STE. 145 LAKE MARY, FL 32746				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DAVID		NAME		
STREET ADDRESS	111 WOOD RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODING, KENNETH		NAME		
STREET ADDRESS	349 CADDIE DR		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDER, AL		NAME		
STREET ADDRESS	130 PLANTATION ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVITO, ARTHUR		NAME		
STREET ADDRESS	4957 FAWN RIDGE PL		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32717		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMONDS, EDWARD		NAME		
STREET ADDRESS	862 SHENANDOAH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, THOMAS		NAME		
STREET ADDRESS	1635 W. LAKE MARY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/12/08 (407) 314-0477 <small>Date Daytime Phone #</small>		

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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Document Number 714338

Business Entity Name COOPERATING PARISHES, INC.

FEI Number 59 6247573

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 519 EAST FIRST ST (PO Box not acceptable)

Suite, Apt. #, etc.

City, State SANFORD, FL

Zip Code & Country 32771

### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 519 EAST FIRST ST

Suite, Apt. #, etc.

City, State SANFORD, FL

Zip Code & Country 32771

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA AMY CHARLES, INC.

Street Address In Florida 725 PRIMERA BLVD., STE. 145 (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LAKE MARY, FL

Zip Code & Country 32746 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

40114284  
# 714338

**Correspondence E-mail Address**

E-mail address to where correspondence pertaining to this filing should be e-mailed.

E-mail Address

**Officer/Director Name And Address****Name And Address #1**

Title

C

Name (Last, First, Middle, Title)

JOHNSON, DAVID

- OR -

Entity Name to serve as Officer/Director

Street Address

111 WOOD RIDGE TRAIL

City, State

SANFORD, FL

Zip Code & Country

32771

**Name And Address #2**

Title

D

Name (Last, First, Middle, Title)

GOODING, KENNETH

- OR -

Entity Name to serve as Officer/Director

Street Address

349 CADDIE DR

City, State

DEBARY, FL

Zip Code & Country

32713

**Name And Address #3**

Title

D

Name (Last, First, Middle, Title)

FIELDER, AL

- OR -

Entity Name to serve as Officer/Director

Street Address

130 PLANTATION ROAD

City, State

DEBARY, FL

Zip Code & Country

32713

**Name And Address #4**

Title

D

Name (Last, First, Middle, Title)

DEVITO, ARTHUR

- OR -

Entity Name to serve as Officer/Director

Street Address

4957 FAWN RIDGE PL

City, State SANFORD FL  
Zip Code & Country 32717

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# 714338

**Name And Address #5**

Title D  
Name (Last, First, Middle, Title) EDMONDS, EDWARD

- OR -

Entity Name to serve as Officer/Director

Street Address 862 SHENANDOAH AVE.  
City, State DELTONA FL  
Zip Code & Country 32725

**Name And Address #6**

Title D  
Name (Last, First, Middle, Title) WEST, THOMAS

- OR -

Entity Name to serve as Officer/Director

Street Address 1635 W. LAKE MARY BLVD.  
City, State LAKE MARY FL  
Zip Code & Country 32795

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Chairman of the Board

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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