2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 714338

Entity Name: COOPERATING PARISHES, INC.

Current Principal Place of Business:

519 EAST FIRST ST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

519 EAST FIRST ST
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-6247573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMY CHARLES, INC.
725 PRIMERA BLVD., STE. 145
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	JOHNSON, DAVID	
Address:	111 WOOD RIDGE TRAIL	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	GOODING, KENNETH	
Address:	349 CADDIE DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	D	( ) Delete
Name:	FIELDER, AL	
Address:	130 PLANTATION ROAD	
City-St-Zip:	DEBARY, FL 32713	
Title:	D	( ) Delete
Name:	DEVITO, ARTHUR	
Address:	4957 FAWN RIDGE PL	
City-St-Zip:	SANFORD, FL 32717	
Title:	D	( ) Delete
Name:	EDMONDS, EDWARD	
Address:	862 SHENANDOAH AVE.	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	WEST, THOMAS	
Address:	1635 W. LAKE MARY BLVD.	
City-St-Zip:	LAKE MARY, FL 32795	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JOHNSON C 03/23/2009

Electronic Signature of Signing Officer or Director — Date