2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90036 037 ****70.00

DOCUMENT # 732143

1. Entity Name
COOPER MEMORIAL LIBRARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
821 W MINNEOLA AVE CLERMONT, FL 34711	821 W MINNEOLA AVE CLERMONT, FL 34711

01112006 Chg-NP CR2E037 (11/05)

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 59-0766725 ☐ 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
MOHEREK, MARY T 11105 OLEANDER DR. CLERMONT, FL 34711	Name Ray, Bonnie Street Address (P.O. Box Number is Not Acceptable) 462 Osceola St. City Clermont **FL** Zip Code 34711

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: Bonnie L. Ray, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOHEREK, MARY T 11105 OLEANDER DR CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ray, Bonnie 462 Osceola St Clermont, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEDWIDGE, ASHER 13212 ANDERSON HILL RD CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD McGuire, James 463 Carroll St Clermont FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUPEE, ANN 389 DIVISION ST CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dupee, Ann 389 Division St Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAY, BONNIE L 462 OSCEOLA ST CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Moherek, Mary T. 11105 Oleander Dr. Clermont, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Mary T. Moherek 1/13/06 352-394-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #