2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 732143

1. Entity Name
COOPER MEMORIAL LIBRARY ASSOCIATION, INC.

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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

01092007 No Chg-NP CR2E037 (4/06)

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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

RAY, BONNIE
462 OSCEOLA ST
CLERMONT, FL 34711

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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 — Jan. 31, 2007
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	RAY, BONNIE
STREET ADDRESS	462 OSCEOLA ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VD
NAME	MCGUIRE, JAMES
STREET ADDRESS	463 CARROLL ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD
NAME	DUPEE, ANN
STREET ADDRESS	389 DIVISION ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TD
NAME	MOHEREK, MARY T
STREET ADDRESS	11105 OLEANDER DR.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/07-80063-006 70.00

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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: Bonnie L. Ray — Jan. 31, 2007 — 352-394-6705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #