

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732143

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** COOPER MEMORIAL LIBRARY ASSOCIATION, INC.

**Current Principal Place of Business:**

2525 OAKLEY SEAVER DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2525 OAKLEY SEAVER DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 59-0766725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOHEREK, MARY T  
11105 OLEANDER DRIVE  
CLERMONT, FL 34711 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: PRES  
Name: MOHEREK, MARY T  
Address: 11105 OLEANDER DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: TREA  
Name: HAGE, LUZ  
Address: 1730 E. HWY 50  
City-St-Zip: CLERMONT, FL 34711

Title: V.P.  
Name: DUPEE, ANN K  
Address: 389 DIVISION ST  
City-St-Zip: CLERMONT, FL 34711

Title: SEC  
Name: BLOODSWORTH, DORIS  
Address: 13119 ANDERSON HILL RD  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: LUZ HAGE

TREA

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date