

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005580

FILED
Mar 20, 2009
Secretary of State

Entity Name: 3 C.O.P.A., INC.

Current Principal Place of Business:

18500 THREE OAKS PARKWAY
FT. MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

18500 THREE OAKS PARKWAY
FT. MYERS, FL 33967

New Mailing Address:

FEI Number: 65-1151358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNECHT, JIM
18500 THREE OAKS PARKWAY
FT. MYERS, FL 33967 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: D () Delete
Name: KNECHT, JIM C
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33967

Title: TRES () Delete
Name: PASCARELLI, MARGO
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33967

Title: P () Delete
Name: JENSEN, LAURA
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33967

Title: SEC () Delete
Name: TBA, TBA SEC
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33912

Title: V.P () Delete
Name: DEVENY, ELLEN V.P.
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33967

Title: V.P () Delete
Name: TBA, TBA
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33912

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: SEC (X) Change () Addition
Name: FEENEY, MICHELLE SEC
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33912

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

Title: MS (X) Change () Addition
Name: ARNOLD, AMANDA
Address: 18500 THREE OAKS PARKWAY
City-St-Zip: FT. MYERS, FL 33912

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: JIM KNECHT

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date