

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001794**

1. Entity Name  
**IKE AND CINDY COOL MINISTRIES, INC.**



Principal Place of Business  
**201 ST LUCIE DRIVE  
407  
COCOA BEACH, FL 32931**

Mailing Address  
**P O BOX 2037  
HIGH SPRINGS, FL 32655**



07212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0793874</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**COOL, DANIEL J  
201 ST LUCIE DRIVE  
COCOA BEACH, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

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 *Daniel J. Cool* Daniel Cool - President 7-21-07  
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 September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COOL, DANIEL J
STREET ADDRESS	201 ST LUCIE DRIVE
CITY-ST-ZIP	COCOA BEACH, FL 32931

TITLE	D
NAME	COOL, CINDY S
STREET ADDRESS	201 ST LUCIE DRIVE
CITY-ST-ZIP	COCOA BEACH, FL 32931

TITLE	D
NAME	ANDERSON, EDWIN E
STREET ADDRESS	PO BOX 903
CITY-ST-ZIP	HIGH SPRINGS, FL 32655

TITLE	D
NAME	JENSEN, KAREN
STREET ADDRESS	PO BOX 3352
CITY-ST-ZIP	BROKEN ARROW, OK 74013

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000770683  
07/27/07-80002-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Daniel J. Cool* Daniel J. Cool 7-21-07 418-627-9696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #