


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 039 ****61.25

DOCUMENT # N04000004965		
1. Entity Name THE COOPER FUND, INC.		

Principal Place of Business 881 ROBIN LANE SEBASTIAN, FL 32958 US	Mailing Address 881 ROBIN LANE SEBASTIAN, FL 32958 US
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20064062



2. Principal Place of Business HIGHLANDS ANIMAL HOSPITAL Suite, Apt. #, etc.	3. Mailing Address 433 SEBASTIAN BLVD. Suite, Apt. #, etc.
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07082005 Chg-NP CR2E037 (10/03)

City & State SEBASTIAN, FLORIDA	City & State SEBASTIAN, FLORIDA	4. FEI Number 20-1130142	Applied For <input type="checkbox"/> Not Applicable
Zip 32958	Country USA	Zip 32958	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUTRAS, GEORGE A DR. 881 ROBIN LANE SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name FRANKENBERGER, ALISON H. (DR.) Street Address (P.O. Box Number is Not Acceptable) 433 SEBASTIAN BLVD. SEBASTIAN, FLORIDA 32958 City FL Zip Code	
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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 *Alison Frankenberg* DATE 7/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	<input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JUTRAS, GEORGE A DR. 881 ROBIN LANE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KIDD, MARYLEE 709 WENTWORTH STREET SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JUTRAS, LISA D DR 881 ROBIN LANE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVIES, DON 5155 ST. PHILLIPS ISLAND VERO BEACH, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIGMAN, ELIZABETH DR 719 WIMBROW DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EUGENE, DONALD 5155 ST. PHILLIPS ISLAND SEBASTIAN, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FRANKENBERGER, ALISON DR 23 FOREST PARK DRIVE VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR COOPER, DAVIS 5155 ST. PHILLIPS ISLAND VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alison Frankenberg* DR. ALISON H. FRANKENBERGER DATE 7/12/05 DAYTIME PHONE # (772) 770-4479