

CPR FIRMS...

ID:904-3746645

FILED

Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90034 013 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000004965					
1. Entry Name THE COOPER FUND, INC.					
Principal Place of Business HIGHLANDS ANIMAL HOSPITAL SEBASTIAN, FL 32958 US			Mailing Address 433 SEBASTIAN BLVD SEBASTIAN, FL 32958 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 23 Forest Park Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State VERO BEACH FL		
Zip	Country	Zip	Country	4. FEI Number 20-1130142	
		32962	USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANKENBERGER, ALISON H DR 433 SEBASTIAN BLVD SEBASTIAN, FL 32958 <i>← address change</i>				Name Attn: Frankenger, Alison	
				Street Address (P.O. Box Number is Not Acceptable) 23 Forest Park Dr	
				City VERO BEACH FL	
				Zip Code 32962	
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 <u><i>Alison Frankenger</i></u> 4/7/08 Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$31.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D ☐ Delete				
NAME	DAVIES, DON				
STREET ADDRESS	5155 ST PHILLIPS ISLAND				
CITY- ST- ZIP	SEBASTIAN, FL 32962				
TITLE	DIR ☐ Delete				
NAME	SIGMAN, ELIZABETH DR				
STREET ADDRESS	719 WIMBROW DRIVE				
CITY- ST- ZIP	SEBASTIAN, FL 32958				
TITLE	DIR ☐ Delete				
NAME	FRANKENBERGER, ALISON DR				
STREET ADDRESS	23 FOREST PARK DRIVE				
CITY- ST- ZIP	VERO BEACH, FL 32962				
TITLE	D ☐ Delete				
NAME	EUGENE, DONALD				
STREET ADDRESS	5155 ST PHILLIPS ISLAND				
CITY- ST- ZIP	SEBASTIAN, FL 32962				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <u><i>Alison Frankenger</i></u> 3/10/08 (772)713-4526 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Alison Frankenger