


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N07416 (3)**

1. Corporation Name  
**EDGAR R. COOPER MINISTRIES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>7822 LINKSIDE DRIVE<br/>                 JACKSONVILLE FL 32256-8832</b> | Mailing Address<br><b>7822 LINKSIDE DRIVE<br/>                 JACKSONVILLE FL 32256-1832</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/01/1985</b> | 3a. Date of Last Report<br><b>03/04/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>7851 Heather Lake</b><br>Suite, Apt. #, etc. <b>ct. E.</b> | 2a. Mailing Address<br>26 <b>7851 Heather Lake</b><br>Suite, Apt. #, etc. <b>ct. E.</b> |
| 22 <b>Jacksonville, FL</b><br>City & State   | 27 <b>Jacksonville, FL</b><br>City & State  |
| 23 <b>32256</b><br>Zip   | 28 <b>32256</b><br>Zip  |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2515460</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**ROWE AND ROWE, P.A.**  
**9471 BAYMEADOW RD., SUITE 203**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| <b>FL</b> 85 Zip Code                                 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | PD<br>COOPER, EDGAR R. | 1.1 TITLE   |  |
| NAME                       | 7822 LINKSIDE DR.      | 1.2 NAME  |  |
| STREET ADDRESS             | JACKSONVILLE FL        | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD<br>COOPER, DEBORAH  | 2.1 TITLE   |  |
| NAME                       | 1422 EAST JEFFERSON ST | 2.2 NAME  |  |
| STREET ADDRESS             | ORLANDO FL             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>CHITTY, HORACE    | 3.1 TITLE   |  |
| NAME                       | 17 DOGWOOD DRIVE       | 3.2 NAME  |  |
| STREET ADDRESS             | MOULTRIE GA            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>BORDERS, GEORGE   | 4.1 TITLE   |  |
| NAME                       | 3162 OLD PORT CIR E    | 4.2 NAME  |  |
| STREET ADDRESS             | JACKSONVILLE FL        | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 5.1 TITLE   |  |
| NAME                       |                        | 5.2 NAME  |  |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 6.1 TITLE   |  |
| NAME                       |                        | 6.2 NAME  |  |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: Edgar R. Cooper 4-4-97 904-519-5078  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006820

CR2E037 (9/96)