

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07416**

1. Entity Name

EDGAR R. COOPER MINISTRIES, INC.

Principal Place of Business

**7851 HEATHER LAKE CT. E.
JACKSONVILLE FL 32256
US**

Mailing Address

**7851 HEATHER LAKE CT. E.
JACKSONVILLE FL 32256
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2515460

Applied For

Not Applicable

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, EDGAR R.	
STREET ADDRESS	7822 LINKSIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, DEBORAH	
STREET ADDRESS	1000 GRANDVIEW #607	
CITY-ST-ZIP	PITTSBURGH PA 15211	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHITTY, HORACE	
STREET ADDRESS	17 DOGWOOD DRIVE	
CITY-ST-ZIP	MOULTRIE GA	

TITLE	D	<input type="checkbox"/> Delete
NAME	BORDERS, GEORGE	
STREET ADDRESS	1320 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90119 047 ****61.25

A0008430



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)