2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # N07416 Secretary of State 1. Entity Name EDGAR R. COOPER MINISTRIES, INC. Principal Place of Business Mailing Address 7909 MCLAURIN RD N 7909 MCLAURIN RD N JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2515460 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWE AND ROWE, P.A. Street Address (P.O. Box Number is Not Acceptable) 9471 BAYMEADOW RD., SUITE 203 JACKSONVILLE FL 32256 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 | am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete THLE TITLE Change Addition U00000219337 COOPER, EDGAR R. NAME MAME 02/08/05-80024-010 61.25 7909 MCLAURIN RD N STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32556 CITY-ST-ZIP City-ST-ZIP \overline{SD} TITLE ☐ Delete HILF Change Addition COOPER, DEBORAH NAME NAME 1000 GRANDVIEW #607 STREET ADDRESS STREET ADDRESS PITTSBURGH PA 15211 CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change ☐ Addition CHITTY, HORACE NAME NAME 17 DOGWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOULTRIE GA CHY-ST-ZIF Delete TUTLE Change Change Addition BORDERS, GEORGE NAME NAME 1320 HENDRICKS AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 City-St-7IP CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 1003 MLE Delete ☐ Change Addition NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

Edgar R. Cooper 2-4-05 904-519-5078
ER OR DIRECTOR Date Dayume Phone &

FILED