FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22249 (9)

1. Corporation Name

COOPER-WOUTERS MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
%POLICE DEPARTMENT 920 S. US #1 P.O. BOX 1149 FT. PIERCE FL 34954	%POLICE DEPARTMENT 920 S. US #1 P.O. BOX 1149 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1987
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0033498 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODCOCK, MICHAEL 407 SOUTH 33RD STREET FT. PIERCE FL 33450	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and the date of acceptance) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REILLY, MICHELE E.	12 NAME	
STREET ADDRESS	861 S.E. STARFLOWER AVE	13 STREET ADDRESS	
CITY ST ZIP	PORT ST LUCIE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KIRCHNER, LINDA	22 NAME	
STREET ADDRESS	211 FERNANDINA STREET	23 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CANNESTRO, TONY	32 NAME	
STREET ADDRESS	8350 N.W. 7TH AVENUE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	WHARTON, CHARLES	42 NAME	
STREET ADDRESS	3096 W. MIDWAY ROAD	43 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	SKOVSGARD, EARL	52 NAME	
STREET ADDRESS	1337 B PEPPERTREE TRIAL	53 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: Michele E. Reilly 6/30/95 305-461-4705
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

D04B923