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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31240

(7)

THE FRIENDS OF FORT COOPER, INC.

,,,,				· ·					
Principal Place	of Business	Mailing Address			T LEMBANCON COM STITUT AT MATERIAL AT MATE	iir <b>ma</b> bi mimili	Afütt Start atürt At	IUIL <b>0</b> 7011 1001	
3100 SOUTH OLD FLORAL CITY ROAD P.O. BOX 1784 INVERNESS FL 34450 INVERNESS FL 34451-1784			4						
	_				3. Date incorporated or Qualified 03/17/1989	3a. (	Date of Last Re 05/24/19		
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2978381			plied For t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 ( Added to		
Zip	Country 25	Zip 29	Cour	ntry	This corporation has liability for Florida Statutes		le tax under s.	199.032,	
	9. Name and Address of Current	10. Name and Address of New Registered Agent							
				81 Name 1	Here Yoczik, ST	FOH	EN 1	ø,	
KELLY,	DONALD W			82 Street A	Idress (P.O. Box Number is Not Accept	able)	Sond		1
	ESS FL 34450			83		<del>` ) '</del>			1
			- 1	84 City	nverness	FI	85 Zip (	ode So	1
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	les, the ab	ove-named c	orporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors of the ration's board of directors.	purpose	of changing its	s registered	}
	m familiar but, and accept the obliga	ations of Section 617.0503, F	orida State	ites.	W. A. Vanzik	abrana eb	la la	7	l
SIGNATURE	Signature, typed or junted name of registered age	nt and tip if applicable (NOT	E: Registered	Agent signature re	quired when reinstating)	DATE	/ - · / · ·		
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OF	ICERS AN			18
TATLE	PD	DELETE	1.1 Т(Т	LE	PD Noveo s'Am		Change	Addition	ģ
NAME	KELLY, DONALD W		1.2 NA	ME .	Arthur Nersasian 5225 South Covewoo	d Tex	1966		[8
STREET ADDRESS	1417 POE STREET			· I					ļķ
CITY-ST-ZIP	INVERNESS FL 34450	N Corre		Y-ST-ZIP	Floral City, FL 34	42A		T. Addison	ļò
TITLE	VD DVIED HOWADD	DELETE	2.1 TIT				hange	Addition	ľ
NAME	Byler, Howard 1403 Poe St.		2,2 NA	···					
STREET ADDRESS	INVERNESS FL 34450			REET ADDRESS	·				
CITY-ST-ZIP TITLE	TD	I □ DELETE	3.1 TH	TY-ST-ZIP			hange	Addition	1
NAME	KARNES, WILLIAM		3.2 NA				1	had reduced	
STREET ADDRESS	811 LONGFELLOW TER.			REET ADDRESS			;		
CITY-ST-ZIP	INVERNESS FL 34450		1	TY-ST-ZIP		3			1
TITLE	TD	DELETE	4.1 TIT		V9		Change	Addition	1
NAME	KARNES, DORIS		4.2 N						
STREET ADDRESS	811 LONGFELLOW TER			REET ADDRESS	Karnes Doris Bil Longfallow Torra	æ			1
CITY-ST-ZIP	INVERNESS FL			Y-ST-ZIP	Privernoss FL 344	<b>50</b>			1
TITLE	TD	DELETE	51 111		P		Change	Addition	1
NAME	PETTY, WILMA		5.2 NA		ety, wilms		<b>.</b>		

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 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

121 TROUT ST.

Ď

INVERNESS FL 34450

**INVERNESS FL 34450** 

3100 OLD FLORAL CITY ROAD

YOCZIK, STEPHEN

OF SHULA ON LINE AS STORE OF PRINTED NAME OF BIOLOGY OF PICE OF DIRECTOR PROPERTY OF PRINTED NAME OF BIOLOGY OF PICE OF PICE

APPROVED AND FILED

97 FEB 21 AH 10: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Change

Addition



## Department of Environmental Protection

Lawton Chiles Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

Virginia B. Wetherell Secretary

February 19, 1997

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that *The Friends of Fort Cooper, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

Fran P. Mainella

FPM/paw Attachments

a:cert.ltr