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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0069954

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31240

1. Corporation Name
THE FRIENDS OF FORT COOPER, INC.

Principal Place of Business	Mailing Address
3100 SOUTH OLD FLORAL CITY ROAD INVERNESS FL 34450	3100 SOUTH OLD FLORAL CITY ROAD INVERNESS FL 34450

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/17/1989

4. FEI Number
59-2978381
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MITCHELL, HARRY
3100 OLD FLORAL CITY ROAD
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ Harry Mitchell 1-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	KELLY, DONALD W		1.2 NAME	HAYWARD ALLAN D.	
STREET ADDRESS	1417 POE ST		1.3 STREET ADDRESS	4231 S. old floral city RD	
CITY-ST-ZIP	INVERNESS FL 34450		1.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MILLER, LEE		2.2 NAME	CUNLIFFE TOM	
STREET ADDRESS	1031 CORNELL TER		2.3 STREET ADDRESS	307 WASHINGTON AVE	
CITY-ST-ZIP	INVERNESS FL 34452		2.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	VD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PETTY, WILMA		3.2 NAME		
STREET ADDRESS	121 TROUT ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DRYE, DIANNE		4.2 NAME		
STREET ADDRESS	1421 WHITTIER ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MITCHELL, HARRY		5.2 NAME		
STREET ADDRESS	3100 OLD FLORAL CITY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Allan D Hayward 1/6/99 352-341-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Department of
Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 16, 1999

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

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments