

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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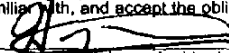
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31240					
1. Corporation Name THE FRIENDS OF FORT COOPER, INC.					
Principal Place of Business 3100 SOUTH OLD FLORAL CITY ROAD INVERNESS FL 34450			Mailing Address 3100 SOUTH OLD FLORAL CITY ROAD INVERNESS FL 34450		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/17/1989	
4. FEI Number 59-2978381		Applied For Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. \$5.00 May Be Added to Fees			

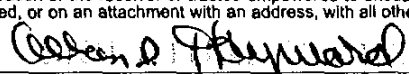
9. Name and Address of Current Registered Agent MITCHELL, HARRY 3100 OLD FLORAL CITY ROAD INVERNESS FL 34450				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 reinstalling) 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			

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

CR2E037 (11/98)



Jeb Bush
Governor

Department of Environmental Protection

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, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments