

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31240

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-2978381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACMEEKEN, ALTON A  
3892 W WHIPPORILL ST  
LECANTO, FL 34461

7. Name and Address of New Registered Agent

Name Doug Dodd

Street Address (P.O. Box Number is Not Acceptable)

8965 E. Cashiers Court

City Inverness

FL

Zip Code 34450

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. I 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 registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CUNLIFFE, THOMAS	
STREET ADDRESS	28 S TYLER ST	
CITY- ST- ZIP	BEVERLY HILLS, FL 34465	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MACMACKEN, ALTON A	
STREET ADDRESS	3892 W WHIPPORILL ST	
CITY- ST- ZIP	LECANTO, FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTY, WILMA	
STREET ADDRESS	121 TROUT ST	
CITY- ST- ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, HARRY	
STREET ADDRESS	3100 OLD FLORAL CITY RD	
CITY- ST- ZIP	INVERNESS, FL 34450	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DODD, DOUGLAS	
STREET ADDRESS	8865 E CASHIERS CT	
CITY- ST- ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLYLER, HOWARD	
STREET ADDRESS	1403 POE STREET	
CITY- ST- ZIP	INVERNESS, FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Roberts	
STREET ADDRESS	603 Poplar St.	
CITY- ST- ZIP	Inverness, FL 34452	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Dodd	
STREET ADDRESS	8865 E. Cashiers Court	
CITY- ST- ZIP	Inverness, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodrum, Wilma	
STREET ADDRESS	121 Trout St.	
CITY- ST- ZIP	Inverness, FL 34450	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Payson	
STREET ADDRESS	1011 Birch Ave	
CITY- ST- ZIP	Inverness, FL 34452	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Art Nersesian	
STREET ADDRESS	4449 S. Old Floral City Rd.	
CITY- ST- ZIP	Inverness, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Seaman	
STREET ADDRESS	501 Hiawatha Ave	
CITY- ST- ZIP	Inverness, FL 34452	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

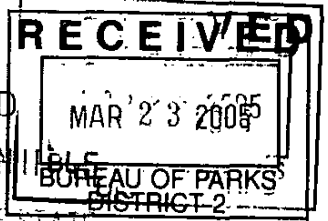
SIGNATURE:

Tammy Roberts Tammy Roberts 3/1/05 352-726-0315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

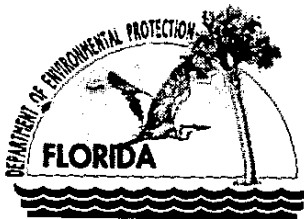


FILED

05 APR 21 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 14, 2005

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments