

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31240

1. Entity Name

THE FRIENDS OF FORT COOPER, INC.



FILED

07 APR 11 PM 2:31

ALABAMA STATE
JALAHASSEE, FLORIDA



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Citrus

Zip

Country

01082007 Chg-NP

CR2E037 (12/06)

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

DODD, DOUG
8965 E CASHIERS COURT
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 type="checkbox"/> Delete
NAME	ROBERTS, TAMMY	
STREET ADDRESS	603 POPLAR ST	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DODD, DOUG	
STREET ADDRESS	8865 E CASHIERS COURT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODRUM, WILMA	
STREET ADDRESS	121 TROUT ST	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PAYSON, BOB	
STREET ADDRESS	1011 BIRCH AVE	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAYSON, LUCY	
STREET ADDRESS	1011 BIRCH AVE	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClain, Kimberly	
STREET ADDRESS	3951 S. William Ave.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seaman, Frank	
STREET ADDRESS	7629 E. Applewood Dr.	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drye, Dianne	
STREET ADDRESS	1421 Whittier St.	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nersasian, Art	
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	Kangas, Paul	
STREET ADDRESS	718 Desota Ave.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Dodd

4/11/07

352-726-4488

Daytime Phone #



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 6, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments