

2008 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**

FILED
08 MAR 24 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2978381

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DODD, DOUG
8965 E CASHIERS COURT
INVERNESS, FL 34450**

Name **Lucy Payson**

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

1011 Birch Ave.

City **Inverness**

FL

Zip Code
34452

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

Lucy Payson

Lucy Payson

1/28/08

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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD ROBERTS, TAMMY	<input type="checkbox"/> Delete
STREET ADDRESS	603 POPLAR ST	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE NAME	PD DODD, DOUG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8865 E CASHIERS COURT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE NAME	D MCCLAIN, KIMBERLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3951 S. WILLIAM AVE	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE NAME	DV PAYSON, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1011 BIRCH AVE	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE NAME	SD PAYSON, LUCY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1011 BIRCH AVE	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE NAME	D SEAMAN, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7629 E APPLEWOOD DR	
CITY-ST-ZIP	INVERNESS, FL 34450	

TITLE NAME	PD Lucy Payson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1011 Birch Ave.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE NAME	SD Elaine Kangas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	718 Desota Ave.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE NAME	Paul Kangas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	718 Desota Ave	Delete/Deceased
CITY-ST-ZIP	Inverness, FL 34452	
TITLE NAME	D Doug Dodd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8865 E. Cashiers Court	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE NAME	D Jim McLean	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	635 N. Heathrow Dr.	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE NAME	D Dante Caldera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8850 E. Rosemont St.	
CITY-ST-ZIP	Inverness, FL 34450	

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:

Lucy Payson

Lucy Payson

1/28/08

352-341-3487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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

March 20, 2008

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 that The Friends of Fort Cooper, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure