

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N48519

Entity Name: NEW OPERATION COOPER STREET, INC.

Current Principal Place of Business:

650 MARY ST
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

650 MARY ST
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0329777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, BRENDA
650 MARY ST
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KLEIN, DAVID
Address: 1620 TAMiami TRIAL SUITE 101
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: P () Delete
Name: KIAH, DONALD DR.
Address: 3818 WHIPPOORWILL BLVD.
City-St-Zip: PUNTA GORDA, FL

Title: VP () Delete
Name: THOMAS, ISAAC
Address: 26372 ASUNCION DRIVE
City-St-Zip: PUNTA GORDA, FL

Title: D () Delete
Name: ANDREWS, ROBERT
Address: 1530 SUZI STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: LYNCH, BRENDA
Address: 103 W. MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: ROGELIO, MANNING
Address: 214 CASTILE CT.
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STADTLER, AUBREY
Address: 558 MADRID BLVD
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA LYNCH

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date