

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N94000004198 (7)

1. Corporation Name

F.P.S.A. JAMES A. COOK MEMORIAL FUND, INC.

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE SPRING ROAD
WAKULLA SPRINGS FL 32305**

Mailing Address
**ONE SPRING ROAD
WAKULLA SPRINGS FL 32305**

3. Date Incorporated or Qualified
08/26/1994

3a. Date of Last Report

4. FEI Number
59-3305640

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

28 Zip

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

24 Country

29 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**APTHORP, GEORGE
ONE SPRING ROAD
WAKULLA SPRINGS FL 32305**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HARDEE, ELLISON
STREET ADDRESS	ROUTE 3, BOX 13-F
CITY - ST - ZIP	CHIEFLND FL 32826
TITLE	VD
NAME	APTHORP, GEORGE
STREET ADDRESS	ONE SPRING ROAD
CITY - ST - ZIP	WAKULLA SPRINGS FL 32305
TITLE	SD
NAME	DAVIS, BEVERLY
STREET ADDRESS	STATE ROAD 136 & 31ST ROAD, DRAWER L
CITY - ST - ZIP	WHITE SPRINGS FL 32096
TITLE	TD
NAME	BURCH, JAMES
STREET ADDRESS	7961 CHRISTY CARY LANE
CITY - ST - ZIP	TALLAHASSEE FL 32304
TITLE	D
NAME	WERNDL, PHILIP
STREET ADDRESS	1616 HEDGEFIELD COURT
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

George E. Apthorp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-95 (904)4885968
Date Signature #