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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N94000004198 (7)

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional	F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.						 			
APTHORP, GEORGE ONE SPRINGS FL 32305 APTHORPS GEORGE ONE SPRINGS FL 32305 APTHORPS GEORGE ONE SPRING ROAD WAKULLA SPRINGS FL 23205 A. FEI Northold B. Date in Encorporated or Qualified 22. Making Address B. Suite, Apt. 4, etc. City & State City &	Principal Place	e of Business	Mailing Address		-,		- PROBENIEN DIE FRANK BERKE BENN BERKE	; 5 141 00 111 80 111 0 18 0 1 H 0		
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2. Married Process 2. Married Address 3. Married For 59-3305640							1		· .	
Such Apt. 4, etc. Supplementary Supplemen	2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address						
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27 Country Zp Oouthry B Country D D Added to Fees 28 2 Country Zp Oouthry B Country D D Added to Fees 29 30 Trust Fruit Contribution D Country B Country D D Added to Fees 30 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Pursuant property of the Provision State of Feeds Such change was authorized by the object of Provision State of Feeds Such change was authorized by the object of directors. I hereby accept the appointment as registered agent, I am of accept the appointment as registered agent, I am of accept the appointment with, and accept the appointment as registered agent, I am of accept the appointment as registered agent, I am of accept the appointment with an accept the appointment as registered agent, I am of accept the appointment as registered agent, I am of a country the acceptability of directors. I hereby accept the appointment as registered agent, I am of a country the acceptability of directors. I hereby accept the appointment as registered agent, I am of acceptable agent, I am of a country and a country an	22						5. Certificate of Status Desired	Fee	Required	
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Provide Statutes Yes No.		Country		1				Adde		
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ONE SPRING ROAD WAKULLA SPRINGS FL 32305 84		•	7.30.00		81	Name	IO. Name and Address of New Ast	Jistorou Agent		
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## WAKULLA SPRINGS FL 32306 ## City					82	Street Addres	ss (P.O. Box Number is Not Acceptable)	i		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar visit agent a					83					
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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 manged, or on an attachment with an address.

SIGNATURE: