

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004198

FILED
Jan 08, 2005
Secretary of State

Entity Name: F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.

Current Principal Place of Business:

ATTN: JUDITH MAXWELL
558 SW MAXWELL CT
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

ATTN: JUDITH MAXWELL
558 SW MAXWELL CT
FORT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3305640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APTHORP, GEORGE
460 WAKULLA PARK DRIVE
WAKULLA SPRINGS, FL 32305 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: SD () Delete
Name: MAXWELL, JUDITH
Address: 558 SW. MAXWELL CT.
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: DOMROSKI, RICHARD
Address: 2629 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32142

Title: TD () Delete
Name: RUNDLE, ROBERT
Address: 1421 MOSELEY AVENUE
City-St-Zip: PALATKA, FL 32177

Title: VPD () Delete
Name: LANDRUM, NEY
Address: 126 MILL BRANCH ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: COOK, SANDY
Address: 460 WAKULLA PARK DR.
City-St-Zip: WAKULLA SPRINGS, FL 32305

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDITH MAXWELL

SD

01/08/2005

Electronic Signature of Signing Officer or Director

Date