

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004198

FILED  
Apr 02, 2008  
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:

MAXWELL, JUDITH  
558 SW MAXWELL CT.  
FT. WHITE, FL 32038 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: DVP ( ) Delete  
Name: MAXWELL, CLIFTON  
Address: 2601 ATLANTIC AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT ( ) Delete  
Name: RUNDLE, ROBERT  
Address: 2100 WEST FRENCH AVE  
City-St-Zip: ORANGE CITY, FL 32763

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

Title: D ( ) Delete  
Name: APTHORP, GEORGE  
Address: 460 WAKULLA PARK DR.  
City-St-Zip: WAKULLA SPRINGS, FL 32305

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition  
Name: MAXWELL, CLIFTON  
Address: 1019 PINE TREE DR.  
City-St-Zip: EUSTIS, FL 32726

Title: DT (X) Change ( ) Addition  
Name: LINLEY, TOM  
Address: 1125 SEMINOLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition  
Name: LANDRUM, NEY  
Address: 126 MILL BRANCH ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: DVP ( ) Change (X) Addition  
Name: PERRY, WILLIAM L  
Address: 2788 SPRING CREEK HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JUDITH MAXWELL

DS

04/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date