

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004198

FILED
Mar 24, 2009
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: DP () Delete
Name: MAXWELL, CLIFTON
Address: 1019 PINE TREE DR.
City-St-Zip: EUSTIS, FL 32726

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

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

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: D (X) Change () Addition
Name: APTHORP, GEORGE
Address: 2888 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date