## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004198

FILED Jan 12, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3305640 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAXWELL, JUDITH 558 SW MAXWELL CT. FT. WHITE, FL 32038 US

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: DS

Name: MAXWELL, JUDITH A
Address: 558 SW. MAXWELL CT.
City-St-Zip: FORT WHITE, FL 32038

Title: D

Name: MAXWELL, CLIFTON Address: 1019 PINE TREE DR. City-St-Zip: EUSTIS, FL 32726

Title: DT

Name: LINLEY, TOM

Address: 2015 CHOWKEEBIN NENE City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP

Name: JONES, GEORGE

Address: 1182 S.E. MENDAVIA AVE. City-St-Zip: PORT ST. LUCIE, FL 34952

Title: [

Name: APTHORP, GEORGE
Address: 2888 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DF

Name: PERRY, WILLIAM L
Address: 2788 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: JUDITH MAXWELL SD 01/12/2011