

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003220 1. Entity Name FRIENDS OF THE COOPER MEMORIAL LIBRARY, INC.	
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Principal Place of Business 620 MONTROSE STREET CLERMONT, FL 34711	Mailing Address 620 MONTROSE STREET CLERMONT, FL 34711
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01312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3329291	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYNES, HELEN 815 MEADOW PK DR MINNEOLA, FL 34715	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Helen Haynes (Helen Haynes) 2/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, HELEN 815 MEADOW PARK MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEESE, JOYCE 10516 LAKE HILL DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSS, LUCILLE D 15013 GREEN VALEY BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODGE, LARRY 1401 W HIGHWAY 50 #54 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, BONNIE 462 OSCEOLA AVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucille D. Gross (Lucille D. Gross) 2/1/05 352 394-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #