

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N95000003220

1. Entity Name  
FRIENDS OF THE COOPER MEMORIAL LIBRARY, INC.



Principal Place of Business  
821 W MINNEOLA AVE  
CLERMONT, FL 34711

Mailing Address  
821 W MINNEOLA AVE  
CLERMONT, FL 34711

**FILED**

**Mar 02, 2007 08:00 A  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3329291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HAYNES, HELEN  
815 MEADOW PK DR  
MINNEOLA, FL 34715

**DO NOT WRITE  
IN THIS SPACE**

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating.)

*2/26/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution:**

**\$5.00 May Be  
Added to Fees**

1000000554223

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HAYNES, HELEN  
STREET ADDRESS 815 MEADOW PARK  
CITY-ST-ZIP MINNEOLA, FL 34715

TITLE SD  
NAME NEESE, JOYCE  
STREET ADDRESS 10516 LAKE HILL DR  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TD  
NAME GROSS, LUCILLE D  
STREET ADDRESS 15013 GREEN VALEY BLVD  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE V  
NAME DODGE, LARRY  
STREET ADDRESS 1401 W HIGHWAY 50 #54  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leeceee J. Gross, Inc. (Lucille D. Gross)*** **2/26/07 (352) 344-2415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**