

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

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

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



02122007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3329291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, HELEN
815 MEADOW PK DR
MINNEOLA, FL 34715

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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 *Helena Haynes, Esq. (Helen Haynes)*

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

(NOTE: Registered Agent signature required when re-registering)

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

1100000554283

03/13/07-80056-007 61.25

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

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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: *Lucille D. Gross, Treas (Lucille D. Gross)* 2/26/07 (352) 344-2415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #