

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 012 ****61.25

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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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name Joanne C. Close

Street Address (P.O. Box Number is Not Acceptable)

3653 Kingswood Ct

City Clermont FL

FL

Zip Code 34711

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

Joanne C. Close

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

(NOTE: Registered Agent signature required when reappointing)

1/30/08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME PD Joanne C. Close
STREET ADDRESS 3653 Kingswood Ct
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Lucille D. Gross (Lucille D. Gross)

1/30/08

(352) 394-2419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #