

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005494

FILED
Jun 23, 2009
Secretary of State

Entity Name: THE STAN COOPER HISTORICAL MUSEUM, INC.

Current Principal Place of Business:

3640 CHARLES AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1896 TIGERTAIL AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0785936 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TERRY, LAWRENCE
1896 TIGERTAIL AVE.
COCONUT GROVE, FL 33133 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: PD () Delete
Name: LEE, PATRICIA
Address: RT 10 BOX 894, EDGEWOOD DR.
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: COOPER, JAMES C
Address: 6278 DEL NORTE CT.
City-St-Zip: NORCROSS, GA 30093

Title: VD () Delete
Name: PADGETTE, GAIL
Address: 10910 SE 304 ST.
City-St-Zip: AUBURN, WA 98092

Title: D () Delete
Name: PARKS, ARVA M
Address: 1601 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: ST () Delete
Name: TERRY, LAWRENCE
Address: 1896 TIGERTAIL AVE.
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE TERRY

ST

06/23/2009

Electronic Signature of Signing Officer or Director

Date