

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012687

Entity Name: JORDAN COOPER MEMORIAL SCHOLARSHIP FUND, INC**Current Principal Place of Business:**6446 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656**Current Mailing Address:**6446 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656**FEI Number: 83-2817574****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGAL ACCOUNTING SOLUTIONS, INC
301 FIRST STREET
NEPTUNE BEACH, FL 32266 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**Officer/Director Detail :**

Title	P
Name	COLLINS, KERRY C
Address	6446 BROOKLYN BAY ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	VP
Name	COLLINS, BRAD
Address	6446 BROOKLYN BAY ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	SEC
Name	BOSTICK, ANGELA
Address	6491 BROOKLYN BAY RD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	OFFICER
Name	MOSLEY, JODI PONDER
Address	230 SW NEWLYWED COURT
City-State-Zip:	LAKE CITY FL 32024

Title	OFFICER
Name	HUBNER, SEAN
Address	7005 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

I hereby 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 all other like empowered.

SIGNATURE: COLLINS , KERRY C**P****03/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date