

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31240

Entity Name: THE FRIENDS OF FORT COOPER, INC.**Current Principal Place of Business:**3100 SOUTH OLD FLORAL CITY ROAD
INVERNESS, FL 34450**Current Mailing Address:**3100 SOUTH OLD FLORAL CITY ROAD
INVERNESS, FL 34450**FEI Number:** 59-2978381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAYTON, NEDRA DIANE
4683 S. BRUSH HOLLOW LOOP
INVERNESS, FL 34450 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:** NEDRA DIANE CLAYTON

02/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CLAYTON, NEDRA DIANE
Address 4683 S. BRUSH HOLLOW LOOP
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name CLEVENGER, DENNIS
Address 3559 E. ELLSHIRE PLACE
City-State-Zip: INVERNESS FL 34453

Title VP
Name KING, GAIL
Address 4655 NW 68TH BLVD.
City-State-Zip: LAKE PANASOFFKEE FL 33538

Title DIRECTOR
Name BUSH, DONALD
Address 755 INVERIE DR.
City-State-Zip: INVERNESS FL 34453

Title TREASURER
Name CARSON, DORTHY
Address 5295 S. ALLIGATOR PT.
City-State-Zip: INVERNESS FL 34436

Title SECRETARY
Name KING, GAIL
Address 4655 NW 68TH BLVD.
City-State-Zip: LAKE PANASOFFKEE FL 33536

Title DIRECTOR
Name CRANE, RICK
Address 914 HATTEN LN.
City-State-Zip: INVERNESS FL 34450

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: NEDRA CLAYTON

PRESIDENT

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date