

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004198

Entity Name: F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.**Current Principal Place of Business:**ATTN: JUDITH MAXWELL
558 SW MAXWELL CT
FORT WHITE, FL 32038**Current Mailing Address:**ATTN: JUDITH MAXWELL
558 SW MAXWELL CT
FORT WHITE, FL 32038**FEI Number:** 90-1076487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXWELL, JUDITH
558 SW MAXWELL CT.
FT. WHITE, FL 32038 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	TREASURER
Name	MAXWELL, JUDITH A
Address	558 SW. MAXWELL CT.
City-State-Zip:	FORT WHITE FL 32038

Title	VP
Name	WATERMAN, MICHELLE
Address	11945 HOUSTON RD.
City-State-Zip:	JACKSONVILLE FL 32226

Title	PRESIDENT
Name	LAIRD, DAN
Address	1940 WILLIAMS CREEK DR.
City-State-Zip:	NAVARRE FL 32566

Title	SECRETARY
Name	ASPIOLEA, JOHN
Address	ATTN: JUDITH MAXWELL 12480 BURNT STORE ROAD
City-State-Zip:	PUNTA GORDA FL 33955
Title	D
Name	COOK, SANDY
Address	2888 SPRING CREEK HWY
City-State-Zip:	CRAWFORDVILLE FL 32327

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: JUDITH A. MAXWELL

TREASURER

01/10/2018

Electronic Signature of Signing Officer/Director Detail_____
Date