

2015 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:** 59-3305640**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	S
Name	MAXWELL, JUDITH A
Address	558 SW. MAXWELL CT.
City-State-Zip:	FORT WHITE FL 32038
Title	P
Name	LINLEY, TOM L
Address	2015 CHOWKEEBIN NENE
City-State-Zip:	TALLAHASSEE FL 32301
Title	D
Name	APTHORP, GEORGE
Address	2888 SPRING CREEK HWY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	WERNDLI, PHIL
Address	1028 APOLLO BEACH BLVD. #3
City-State-Zip:	APOLLO BEACH FL 33572
Title	T
Name	HAMNER, KADIE
Address	ATTN: JUDITH MAXWELL 558 SW MAXWELL CT
City-State-Zip:	FORT WHITE FL 32038
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 MAXWELL**SECRETARY****02/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date