


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90050 005 ****61.25

DOCUMENT # N00000005340
 1. Entity Name
MOM TAYLOR SCHOLARSHIP FUND, INC.




Principal Place of Business Mailing Address
959 ALLEGRO LANE **959 ALLEGRO LANE**
APOLLO BEACH FL 33572 **APOLLO BEACH FL 33572**
US

2. Principal Place of Business 3. Mailing Address
901 Apollo Bch Blvd *901 Apollo Bch Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Apollo Beach, Fla *Apollo Bch, Fla*
 Zip Country Zip Country
33572 USA *33572 USA*

24010140



MOORE CR2E037 (11/03)

4. FEI Number **59-3664572** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TAYLOR, FREDERICK E
959 ALLEGRO LANE
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent
 Name **TAYLOR, FREDERICK E**
 Street Address (P.O. Box Number is Not Acceptable)
901 Apollo Bch Blvd
 City *Apollo Beach* FL Zip Code *33572*

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* **Frederick E. Taylor** *2/23/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TAYLOR, FREDERICK E 959 ALLEGRO LANE APOLLO BEACH FL 33572		D TAYLOR, FREDERICK E 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D TAYLOR, WILLIAM H 959 ALLEGRO LANE APOLLO BEACH FL 33572		D Taylor, William H 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BLASIUS, MARY L 959 ALLEGRO LANE APOLLO BEACH FL 33572		D Blasius Mary L 901 Apollo Bch Blvd Apollo Beach, Fla 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BROWNING, SUSAN M 959 ALLEGRO LANE APOLLO BEACH FL 33572		D Browning Susan M 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TAYLOR, FREDERICK E 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Taylor, William H 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Blasius Mary L 901 Apollo Bch Blvd Apollo Beach, Fla 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Browning Susan M 901 Apollo Bch Blvd Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Frederick E. Taylor** *2/23/04* *813 645 2517*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #