


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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



Principal Place of Business — Mailing Address
901 APOLLO BEACH BLVD — **901 APOLLO BEACH BLVD**
APOLLO BEACH, FL 33572 — **APOLLO BEACH, FL 33572 US**



01042005 No Chg-NP CR2E037 (10/03)

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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
901 APOLLO BCH BLVD
APOLLO BEACH, FL 33572

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, FREDERICK E
STREET ADDRESS	901 APOLLO BCH BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	TAYLOR, WILLIAM H
STREET ADDRESS	901 APOLLO BCH BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	BLASIUS, MARY L
STREET ADDRESS	901 APOLLO BCH BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	BROWNING, SUSAN M
STREET ADDRESS	901 APOLLO BCH BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/10/05-80048-007 70.00
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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 information.

SIGNATURE: _____ Date: **Jan 5, 05** Daytime Phone #: **8136452577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR