


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90090 019 \*\*\*\*70.00

**DOCUMENT # N00000005340**

1. Entity Name  
 MOM TAYLOR SCHOLARSHIP FUND, INC.



Principal Place of Business  
 901 APOLLO BEACH BLVD  
 APOLLO BEACH, FL 33572

Mailing Address  
 901 APOLLO BEACH BLVD  
 APOLLO BEACH, FL 33572 US

2. Principal Place of Business - No P.O. Box #  
 12308 Bram Field Drive

3. Mailing Address  
 12308 Bram Field Drive

Suite, Apt. #, etc.

City & State  
 Riverview Florida

City & State  
 Riverview, Florida

Zip  
 33569

Country  
 USA

40004000



01092007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

TAYLOR, FREDERICK E  
 901 APOLLO BCH BLVD  
 APOLLO BEACH, FL 33572

4. FEI Number  
 59-3664572

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 TAYLOR, FREDERICK E

Street Address (P.O. Box Number is Not Acceptable)  
 12308 Bram Field Drive

City  
 Riverview

FL Zip Code  
 33569

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 *Frederick E. Taylor* Director DATE 1/9/2007

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, FREDERICK E	
STREET ADDRESS	901 APOLLO BCH BLVD	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM H	
STREET ADDRESS	901 APOLLO BCH BLVD	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLASIUS, MARY L	
STREET ADDRESS	901 APOLLO BCH BLVD	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, SUSAN M	
STREET ADDRESS	901 APOLLO BCH BLVD	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDERICK E. TAYLOR	
STREET ADDRESS	901 APOLLO BEACH BLVD.	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Frederick E. Taylor* Director DATE 1/9/2007 Daytime Phone # 1-83645257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR