

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 006 ****61.25

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DOCUMENT # **N98000005332**

1. Entity Name
TAYLOR EN RICHMENT CENTER, INC.



Principal Place of Business
**230 LAKENN DRIVE
WEST PALM BEACH FL 33409**

Mailing Address
**230 LAKENN DRIVE
WEST PALM BEACH FL 33409**

11036995



2. Principal Place of Business
230 LAKENN DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
WEST Palm Beach FLA

City & State

4. FEI Number **65-0862774**

Applied For
 Not Applicable

Zip
33409

Country
Palm Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL-TAYLOR, LULA M
230 LAKENN DRIVE
WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Lula M. BELL-Taylor**

Lula M. Bell-Taylor

4-25-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **BELL-TAYLOR, LULA M**
STREET ADDRESS **230 LAKEN DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **BELL-SPURILL, REGNIA D**
STREET ADDRESS **5192 ABBY LN.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **SANDERS, LAVERNE**
STREET ADDRESS **1032 PARK HILL AVE.**
CITY-ST-ZIP **HAVER HILL FL 33407**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Lula M. BELL-Taylor**

4-25-03 561-640-3020

CR2E037 (10/02)