

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 018 ****61.25

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03202007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000002353 1. Entity Name TAYLOR BAPTIST ASSOCIATION, INCORPORATED					
Principal Place of Business 310 MAURICE LINTON ROAD PERRY, FL 32347			Mailing Address PO BOX 602 PERRY, FL 32348		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3639727	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLOMON, DAVID 310 MAURICE LINTON ROAD PERRY, FL 32347			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DM TEDDER, JIM 110 BISHOP BLVD. PERRY, FL 32348	<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	MD BLACK, JAY 310 MAURICE LINTON RD. PERRY, FL 32347	<input checked="" type="checkbox"/> Delete		TITLE M NAME STREET ADDRESS CITY-ST-ZIP	STEVEN RUFF, 3111 LAKESIDE DRIVE PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, ELIZABETH 310 MAURICE LINTON RD. PERRY, FL 32347	<input checked="" type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	ANDREA DORMAN 6285 Potts STILL ROAD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANNEN, YANICE 6734 BEACH ROAD PERRY, FL 32348	<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
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
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: <u>Andrea Dorman</u> ANDREA DORMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-21-07 <small>Date</small>	
				850-584-8025 <small>Daytime Phone #</small>	