


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 713928
 1. Entity Name
JACK TAYLOR FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
1111 KANE CONCOURSE, STE. 619 **1111 KANE CONCOURSE, STE. 619**
BAY HARBOR ISLANDS FL 33154 **BAY HARBOR ISLANDS FL 33154**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

TAYLOR, MITCHELL
1111 KANE CONCOURSE, STE. 619
BAY HARBOR ISLANDS FL 33154

4. FEI Number Applied For / Not Applicable

59-2605187

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Non-Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VTD	<input type="checkbox"/> Delete
NAME	TAYLOR, MITCHELL	
STREET ADDRESS	1111 KANE CONCOURSE #619	
CITY- ST- ZIP	BAY HARBOR ISD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EEFTING, ILENE B	
STREET ADDRESS	1111 KANE CONCOURSE, #619	
CITY- ST- ZIP	BAY HARBOR ISLANDS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMBROW, VICTOR D	
STREET ADDRESS	1111 KANE CONCOURSE #619	
CITY- ST- ZIP	BAY HARBOR ISLANDS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, SETH	
STREET ADDRESS	1111 KANE CONCOURS, #619	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, ELIZABETH	
STREET ADDRESS	1111 KANE CONCOURSE #619	
CITY- ST- ZIP	BAY HARBOR ISLAND FL 33154	
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"/> Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000409935
 02/09/06-80016-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 319, 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 _____ DATE _____