

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713928</b> 1. Entity Name <b>JACK TAYLOR FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>1111 KANE CONCOURSE, STE. 619 BAY HARBOR ISLANDS FL 33154</b>	Mailing Address <b>1111 KANE CONCOURSE, STE. 619 BAY HARBOR ISLANDS FL 33154</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-2605187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>TAYLOR, MITCHELL 1111 KANE CONCOURSE, STE. 619 BAY HARBOR ISLANDS FL 33154</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	U00000598674	
CITY-STATE-ZIP	01/24/07-80087-004 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Mitchell Taylor MITCHELL TAYLOR 1/19/07 305 864 0502