


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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90456 004 ****61.25

DOCUMENT # 735112	
1. Entity Name	
TRUSTEES, TAYLOR MEMORIAL BAPTIST CHURCH OF TAMPA, INC.	

Principal Place of Business	Mailing Address
3841 BRATON ROAD PLANT CITY FL 33565	5814 N DORMANY RD PLANT CITY FL 33565

2. Principal Place of Business	3. Mailing Address
5814 N Dormany Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Plant City FL	
Zip	Country
33565 Hillsborough	

4. FEI Number	Applied For
59-0704724	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEDY, PIERRE 5814 N DORMANY RD PLANT CITY FL 33565	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: 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PEGGY	NAME	
STREET ADDRESS	516 LEVERETT RD	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, RICHARD	NAME	
STREET ADDRESS	6702 GUNN HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GILBERT L	NAME	
STREET ADDRESS	907 LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33598	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DARLENE	NAME	
STREET ADDRESS	5814 N. DORMANY RD.	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, HAROLD	NAME	
STREET ADDRESS	5814 N DORMANY RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, KENNETH	NAME	
STREET ADDRESS	903 LANEWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-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: Darlene Kennedy Darlene Kennedy 4/8/06 813 986-9400