

FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00

APPROVED AND FILED

95 APR -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

COMMISSION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737146** (1)
1. Corporation Name
TAYLOR ASSOCIATION FOR RETARDED CITIZENS, INCORPORATED

Principal Place of Business Mailing Address
**1407 WEST MAIN STREET
POST OFFICE BOX 69
PERRY FL 32347**

3. Date Incorporated or Qualified **10/26/1976** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-1708153** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BROOKS, RHONDA
1407 WEST MAIN STREET
PERRY FL 32347**

10. Name and Address of New Registered Agent
81 Name **Oscar Howard Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **Route 2 Box 290 N/A**
83
84 City **Perry** FL 85 Zip Code **32347**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARKER, CLARENCE W
STREET ADDRESS	RT. 1, BOX 766
CITY - ST - ZIP	PERRY FL
TITLE	D
NAME	MCMULLEN, JEANEA
STREET ADDRESS	103 GROVE AVE
CITY - ST - ZIP	PERRY FL
TITLE	V
NAME	HOWARD, OSCAR
STREET ADDRESS	RT 2 BOX 290
CITY - ST - ZIP	PERRY, FL 00000
TITLE	ED
NAME	BROOKS, RHONDA
STREET ADDRESS	1407 W MAIN STREET
CITY - ST - ZIP	PERRY FL
TITLE	D
NAME	WISE, SUE
STREET ADDRESS	P.O. BOX 87 N/A
CITY - ST - ZIP	LAMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Oscar Howard Jr.	
3.3 STREET ADDRESS	Route 2 Box 290 N/A	
3.4 CITY - ST - ZIP	Perry, FL 32347	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sue Wise	
4.3 STREET ADDRESS	P.O. Box 87 N/A	
4.4 CITY - ST - ZIP	Lamont, FL 32336	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Martha Morgan	
5.3 STREET ADDRESS	Route 4 Box 45N/A	
5.4 CITY - ST - ZIP	Perry, Florida 32347	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pam Padgett	
6.3 STREET ADDRESS	Route 3 Box 412 N/A	
6.4 CITY - ST - ZIP	Perry, Florida 32347	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Oscar Howard Jr., President / 904-838-2500
Date: 4/3/95