


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90003 003 ****61.25

DOCUMENT # 738000			
1. Entity Name TAKE ACTION FOR TAFT, INC.			
Principal Place of Business 9450 ORANGE AVE ORLANDO, FL 32824 US		Mailing Address 9803 THIRD AVENUE ORLANDO, FL 32824 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1110 4th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip		Zip 32824	
Country		Country US	
		4. FEI Number 59-3049608	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALENTINE, CHRISTINE J 9803 THIRD AVENUE ORLANDO, FL 32824		Name SWEENEY, CAROL J	
		Street Address (P.O. Box Number is Not Acceptable) 1110 4th ST	
		City ORLANDO FL Zip Code 32824	
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: <i>Carol J Sweeney</i> CAROL SWEENEY, TR		DATE: 1-31-2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	V JOURNICK, AMELIA 132 PINE STREET ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR / S SWEENEY, CAROL 1110 4th ST ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARKEY, SAM 1010 5TH STREET ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIL, DOTY 130 CYPRESS ST ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR VALENTINE, CHRISTINE J 9803 THIRD AVENUE ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINY, KEITH 1226 PINE ST ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JESSIE 92A CYPRESS ST ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, ANNIE 926 PALMETTO ST ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, VERA ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" 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: <i>Carol J Sweeney</i>		DATE: 1-31-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407-816-8193	

Additional Information: Document # 738000 – Take Action for Taft, Inc.

ATTACHMENT

40028424

#738000

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gussie Hailey 202 Cypress St Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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