2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738000

FILED Mar 24, 2009 Secretary of State

Entity Name: TAKE ACTION FOR TAFT, INC.

US

Current Principal Place of Business: New Principal Place of Business:

9450 ORANGE AVE ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

1110 4TH ST

ORLANDO, FL 32824 US

FEI Number: 59-3049608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWEENEY, CAROL J 1110 4TH ST

ORLANDO, FL 32824 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition Name: JOURNICK, AMELIA Name: DALE, DOTTY

 Name:
 JOURNICK, AMICLIA
 Name:
 DALE, DOTTY

 Address:
 132 PINE STREET
 Address:
 130 CYPRESS ST

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

Title: P () Delete Title: () Change () Addition

 Name:
 HARKEY, SAM
 Name:

 Address:
 1010 5TH STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:

Title: TRS () Delete Title: S (X) Change () Addition Name: SWEENEY, CAROL Name: SWEENEY, CAROL

 Name
 SWEENET, CAROL

 Address:
 1110 4TH ST

 City-St-Zip:
 ORLANDO, FL 32824

 City-St-Zip:
 ORLANDO, FL 32824

City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: D () Delete Title: TR (X) Change () Addition Name: DAIL, DOTTY Name: EVANS, SONIA

 Name:
 DAIL, DOTTY
 Name:
 EVANS, SONIA

 Address:
 130 CYPRESS ST
 Address:
 9545 11TH AV

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DOMINY, KEİTH
 Name:
 PIERCE, VERA

 Address:
 1226 PINE ST
 Address:
 9659 6TH AV

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

Title: D () Delete Title: () Change () Addition

 Name:
 WILSON, JESSIE
 Name:

 Address:
 529 CYPRESS ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL SWEENEY S 03/24/2009