SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995 6-23-95 B- 7513 XC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 9:04

DOCUMENT # 743557 (1)

1. Corporation Name

TAYLOR ADULT MEALS PROGRAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
226 N JEFFERSON STREET PERRY FL 32347	226 N JEFFERSON STREET PERRY FL 32347

3. Date Incorporated or Qualified: 07/12/1978
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1630205 ☐ 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 ☑ FILING FEE IS $61.25
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country: Taylor	29 Zip / 30 Country: Taylor

9. Name and Address of Current Registered Agent

SMITH, MICHAEL S. ESQ.
107 E. GREEN ST.
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		☑ Change ☐ Addition
NAME	THOMAS, FAYE	11 TITLE / 12 NAME	P.D. / Ann Brown
STREET ADDRESS	ELLISON RD, RT 4, BX 51	13 STREET ADDRESS	Houck Rd
CITY-ST-ZIP	PERRY FL	14 CITY-ST-ZIP	Perry Fl 32347
TITLE	VD	21 TITLE / 22 NAME	V.D. / Faye Stewart
NAME	BROWN, ANN	23 STREET ADDRESS	Ellison Rd. Rt Box 51
STREET ADDRESS	HOUCK RD	24 CITY-ST-ZIP	Perry, Fl 32347
CITY-ST-ZIP	PERRY FL		☐ Change ☐ Addition
TITLE	TD	31 TITLE / 32 NAME	
NAME	WINTER, MARGE	33 STREET ADDRESS	
STREET ADDRESS	911 W COLLEGE	34 CITY-ST-ZIP	
CITY-ST-ZIP	PERRY FL		☐ Change ☐ Addition
TITLE	SD	41 TITLE / 42 NAME	
NAME	LIVINGSTON JEAN	43 STREET ADDRESS	
STREET ADDRESS	106 PINE TREE RD	44 CITY-ST-ZIP	
CITY-ST-ZIP	PERRY FL		☐ Change ☐ Addition
TITLE	ED	51 TITLE / 52 NAME	
NAME	COMER, HAZEL	53 STREET ADDRESS	
STREET ADDRESS	226 N. JEFFERSON ST.	54 CITY-ST-ZIP	
CITY-ST-ZIP	PERRY FL		☐ Change ☐ Addition
TITLE		61 TITLE / 62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E037 (3/95)

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 119.07(3)(i), 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: Hazel Comer 06/14/95 (904)584-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002000