

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90100 026 \*\*\*\*61.25

**DOCUMENT # 748994**  
 1. Entity Name  
**TAYLOR ROAD CIVIC ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**11318 E. SLIGH AVE**      **11318 E. SLIGH AVE**  
**SEFFNER FL 33584**      **SEFFNER FL 33584**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**      Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**OBERTING, CAM**  
**11318 E. SLIGH AVE.**  
**SEFFNER FL 33584**

**7. Name and Address of New Registered Agent**  
 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 Cam Oberting      Cam Oberting      4-20-04  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b> <b>OBERTING, CAM</b> <b>11318 E SLIGH</b> <b>SEFFNER, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERRICK, HERMI</b> <b>9132 N. TAYLOR RD</b> <b>SEFFNER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEE, JAMES Y</b> <b>11911 THONOTOSA RD</b> <b>THONOTOSASSA FL 33592</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Jerry Lewis</b> <b>520 Pruitt Rd.</b> <b>Seffner, Fl, 33584</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CRIBBS, MARILYN</b> <b>1014 OLD HILLSBOROUGH AVE</b> <b>SEFFNER FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Sally Lee</b> <b>11911 Thonotosassa Rd.</b> <b>Thonotosassa, Fl. 33592</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSMITH, JOHNSON R PH.D.</b> <b>6544 HIGHWAY, #579</b> <b>SEFFNER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Freeman Grayes D</b> <b>2501 Pemberton Creek</b> <b>Seffner, Fl 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, EDITH</b> <b>11218 RUSSELL DR.</b> <b>SEFFNER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Elvis Lumpkin</b> <b>6313 Black Dairy Rd.</b> <b>Seffner, Fl. 33584</b> <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 exemption stated in Section 119.07(3)(i), 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: Cam Oberting      Cam Oberting      4-20-04      813-2465183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #