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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 767467 (4)

1. Corporation Name

TAYLOR COUNTY COMMUNITY FRIENDS, INC.

Principal Place of Business

816 W. MAIN STREET  
PERRY FL 32347

Mailing Address

816 W. MAIN STREET  
PERRY FL 32347-2613



3. Date Incorporated or Qualified  
03/15/1983

3a. Date of Last Report  
06/04/1996

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, RUBY N  
318 E. ELM ST.  
PERRY FL 32347

→ Ruby Nell

81 Name

Ruby Nell Collins

82 Street Address (P.O. Box Number is Not Acceptable)

318 E Elm St.

83

84 City

Perry

FL

85 Zip Code  
32347

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

Ruby Nell Collins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME COLLINS, RUBY NELL  
STREET ADDRESS 318 E. ELM ST.  
CITY-ST-ZIP PERRY FL 32347

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CPD  
NAME RIGONI, DIANE  
STREET ADDRESS 201 BISHOP BLVD  
CITY-ST-ZIP PERRY FL 32347

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  
NAME SCHRAMM, ROBERT  
STREET ADDRESS 309 W. CEDAR ST  
CITY-ST-ZIP PERRY FL 32347

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VMD  
NAME SMITH, KAY  
STREET ADDRESS 103 N. CHERYL DR.  
CITY-ST-ZIP PERRY FL 32347

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME WOODELL, ROBBINS  
STREET ADDRESS 136 PALMETTO RD.  
CITY-ST-ZIP PERRY FL 32347

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME HOUCK, HELEN  
STREET ADDRESS 816 W. MAIN STREET  
CITY-ST-ZIP PERRY FL 32347

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

Ruby Nell Collins

Feb 6, 1997

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