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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

816 W. MAIN STREET
PERRY FL 32347

816 W. MAIN STREET
PERRY FL 32347

2. Principal Place of Business

21 816 W. Main St
Suite, Apt. #, etc.

22 City & State

23 Perry FL.

24 32347 25 Taylor

2a. Mailing Address

26 816 W. Main St.
Suite, Apt. #, etc.

27 City & State

28 Perry, FL.

29 32347 30 Taylor

3. Date Incorporated or Qualified

03/15/1983

4. FEI Number

59-2315013

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, Treas.

February 6, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TO	COLLINS, RUBY NELL	318 E. ELM ST.	PERRY FL 32347	<input type="checkbox"/>
CVPD	RIGONI, DIANE	201 BISHOP BLVD	PERRY FL	<input type="checkbox"/>
PD	SCHRAMM, ROBERT	309 W. CEDAR ST	PERRY FL 32347	<input type="checkbox"/>
VMD	SMITH, KAY	103 N. CHERYL DR.	PERRY FL 32347	<input type="checkbox"/>
D	WOODELL, ROBBINS	136 PALMETTO RD.	PERRY FL 32347	<input type="checkbox"/>
D	HOUCK, HELEN	RT 3 BOX 464	PERRY FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, 1998 - 850-584-6577

CR2E037 (10/97)