

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90038 001 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767467

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1983	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 59-2315013	Applied For Not Applicable
22 City & State	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	Country		30	
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	
				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

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	1.1 TITLE	
NAME	COLLINS, RUBY NELL	1.2 NAME	
STREET ADDRESS	318 E. ELM ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	CVPD	2.1 TITLE	
NAME	RIGONI, DIANE	2.2 NAME	
STREET ADDRESS	201 BISHOP BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SCHRAMM, ROBERT	3.2 NAME	
STREET ADDRESS	309 W. CEDAR ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE	VMD	4.1 TITLE	
NAME	SMITH, KAY	4.2 NAME	
STREET ADDRESS	103 N. CHERYL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WOODELL, ROBBINS	5.2 NAME	
STREET ADDRESS	136 PALMETTO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOUCK, HELEN	6.2 NAME	
STREET ADDRESS	RT 3 BOX 464	6.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Collins

Date

Daytime Phone #

CR2E037 (11/98)