

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90291 012 \*\*\*\*61.25

**DOCUMENT # F00000004188**

1. Entity Name

TAYLOR FAMILY FOUNDATION, INC.



Principal Place of Business

P.O. BOX 2026  
HOLMES BEACH FL 34218

Mailing Address

P.O. BOX 2026  
HOLMES BEACH FL 34218



2. Principal Place of Business

516 SANDERLING CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

516 SANDERLING CIRCLE

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

BRADENTON FLORIDA

City & State

BRADENTON FLORIDA

4. FEI Number

39-6058301

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34209

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, RITCHEY N  
516 SANDERLING CIRCLE  
BRADENTON FL 34209

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

*Ritchey Nelson Taylor*

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

(NOTE: Registered Agent signature required when reappointing)

4-18-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE PCDT ☐ Delete  
NAME TAYLOR, RITCHEY N  
STREET ADDRESS 516 SANDERLING CIRCLE  
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☒ Delete  
NAME KENRICK, JEFFREY P  
STREET ADDRESS 522 69TH ST.  
CITY-ST-ZIP HOLMES BEACH FL 34217  
*DELETE*

TITLE D ☒ Delete  
NAME KENRICK, ILONA  
STREET ADDRESS 522 69TH ST.  
CITY-ST-ZIP HOLMES BEACH FL 34217  
*DELETE*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KATHERINE KITTS MILLER  
STREET ADDRESS 3 TAM-O-SHANTER LANE  
CITY-ST-ZIP ORMOND BEACH, FLORIDA 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*IN PROCESS OF ADDING  
ADDITIONAL DIRECTOR*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ritchey Nelson Taylor* PRESIDENT

4-18-06 941-792-4631