## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002652

City-St-Zip:

**UPLAND, IN 46989** 

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FILED Sep 13, 2007 Secretary of State

**Entity Name:** THE WILLIAM TAYLOR FOUNDATION **Current Principal Place of Business: New Principal Place of Business:** 236 W. READE AVE. **UPLAND, IN 46989 Current Mailing Address: New Mailing Address:** 236 W. READE AVE UPLAND, IN 46989 FEI Number: 35-6047122 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIU, WELLINGTON DR 6480 DEACON CIRCLE WINDERMERE, FL 34786 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SMITH, KENNETH RUPP, ALAN Name: Name: Address: 236 W. READE AVE. Address: 236 W. READE AVE. City-St-Zip: UPLAND, IN 469891001 City-St-Zip: UPLAND, IN 469891001 Title: DCP () Delete Title: () Change () Addition Name: BLUM, JAMES Name: Address: C/O 6400 BROTHERHOOD WAY Address: City-St-Zip: FORT WAYNE, IN 46801 City-St-Zip: Title: DMM () Delete Title: () Change () Addition CHIU, WELLINGTON DR. Name: Name: 6480 DEACON CIRCLE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: ( ) Delete Title: DCLU Title: () Change () Addition GEARHART, THOMAS Name: Name: C/O 211 S. WASHINGTON Address: Address: City-St-Zip: MARION, IN 46952 City-St-Zip: Title: Title: DΡ () Delete () Change () Addition HABECKER, EUGENE Name: Name: 236 W. READE AVE. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALAN RUPP D 09/13/2007