

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002652

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE WILLIAM TAYLOR FOUNDATION

Current Principal Place of Business:

236 W. READE AVE.
UPLAND, IN 46989

New Principal Place of Business:

Current Mailing Address:

236 W. READE AVE.
UPLAND, IN 46989

New Mailing Address:

FEI Number: 35-6047122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIU, WELLINGTON DR
6480 DEACON CIRCLE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: RUPP, ALAN
Address: 236 W. READE AVE.
City-St-Zip: UPLAND, IN 469891001

Title: DCP () Delete
Name: BLUM, JAMES
Address: C/O 6400 BROTHERHOOD WAY
City-St-Zip: FORT WAYNE, IN 46801

Title: DMM () Delete
Name: BEAVERSON, ROGER
Address: 11049 INNISBROOKE LN
City-St-Zip: FISHERS, IN 46038

Title: DCLU () Delete
Name: GEARHART, THOMAS
Address: C/O 211 S. WASHINGTON
City-St-Zip: MARION, IN 46952

Title: DP () Delete
Name: HABECKER, EUGENE
Address: 236 W. READE AVE.
City-St-Zip: UPLAND, IN 46989

Title: HM () Delete
Name: DICKINSON, BARBARA MRS.
Address: 2020 LAKE HEATHER DR
City-St-Zip: BIRMINGHAM, AL 35242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALAN RUPP

MR.

03/24/2009

Electronic Signature of Signing Officer or Director

Date