2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# N00000002353

Entity Name: TAYLOR BAPTIST ASSOCIATION, INCORPORATED

Current Principal Place of Business:

310 MAURICE LINTON ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

PO BOX 602
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3639727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, DAVID
310 MAURICE LINTON ROAD
PERRY, FL 32347 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: DM ( ) Delete
Name: TEDDER, JIM
Address: 110 BISHOP BLVD.
City-St-Zip: PERRY, FL 32348

Title: VMD ( ) Delete
Name: BLACK, JAY
Address: 310 MAURICE LINTON RD.
City-St-Zip: PERRY, FL 32347

Title: SD ( ) Delete
Name: ANDERSON, ELIZABETH
Address: 310 MAURICE LINTON RD.
City-St-Zip: PERRY, FL 32347

Title: TD ( ) Delete
Name: BRANNEN, YANICE
Address: 6734 BEACH ROAD
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MD (X) Change ( ) Addition
Name: BLACK, JAY
Address: 310 MAURICE LINTON RD.
City-St-Zip: PERRY, FL 32347

Title: ( ) Change ( ) Addition
Name:
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 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: DAVID SOLOMON DM 02/15/2006

Electronic Signature of Signing Officer or Director — Date