2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 06, 2008 08:00 Al Secretary of State DOCUMENT # N00000002353 TAYLOR BAPTIST ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 310 MAURICE LINTON ROAD PO BOX 602 PERRY FL 32348 PERRY FL 32347 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, erc. CR2E037 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3639727 Not Applicable Zip Country Z_{1D} Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLOMON, DAVID 310 MAURICE LINTON ROAD Street Address (P.O. Box Number is Not Acceptable) **PERRY FL 32347** City Zio 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 CATE (NOTE: Registered Agent signati re required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees negatrychicheadth OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DM TITLE ☐ Delete TITLE Change ☐ Addition TEDDER, JIM NAME NAME 110 BISHOP BLVD. STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-ST-7IP CITY-ST-ZIP <u> ყიციით</u>19908 Delete 09/21/08-60035-01.₽ Byng25 □ Addition TITLE TITLE RUFF, STEVEN NAME NAME 3111 LAKESIDE DRIVE STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-ST-ZIP CITY-ST-ZiP SD TITLE Delete TITLE ☐ Change Addition DORMAN, ANDREA NAME NAME 6285 POTTS STILL RD STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-ST-7/P CITY-ST-ZIP TITLE Change TITLE Delete ncitibbA [BRANNEN, YANICE NAME NAME 6734 BEACH ROAD STREET ADDRESS STREET ADDRESS PERRY FL 32348 CITY-ST-ZIP CITY-ST-ZIP Dalete ☐ Change ☐ Addition TITLE THE NAME NAML STREET AUDRESS STREET ADDRESS CITY-ST-ZIE CiTY-ST-7iP TITLE ☐ Delete HĨŒ ☐ Change ☐ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P

SIGNATURE: andrea Dorman, ANDREA DORMAN 3/5/08 850-584-8025

12. Thereby 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 sequired 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.