2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002353

FILED Jan 21, 2009 Secretary of State

Entity Name: TAYLOR BAPTIST ASSOCIATION, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:		
310 MAUF PERRY, F	RICE LINTON R L 32347	OAD		
Current Mailing Address:		New Mailing Address:		
PO BOX 6 PERRY, F				
FEI Number	: 59-3639727	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
SOLOMOI 310 MAUF PERRY, F	RÍCE LINTON R			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. RE:	ubmits this statement for the		ed office or registered agent, or both, Date
n the State	e of Florida. RE:	c Signature of Registered Ag	ent	
n the State BIGNATUI DFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Ag F ORS: Delete VD.	ent	Date
n the State	e of Florida. RE: Electroni S AND DIRECT DM () TEDDER, JIM 110 BISHOP BL' PERRY, FL 323	c Signature of Registered Ag ORS: Delete VD. 48 Delete DRIVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the State SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT DM () TEDDER, JIM 110 BISHOP BL' PERRY, FL 323 M () RUFF, STEVEN 3111 LAKESIDE PERRY, FL 323	c Signature of Registered Ag FORS: Delete VD. 48 Delete DRIVE 48 Delete EEA	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR () Change () Addition

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: ANDREA DORMAN SD 01/21/2009