

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005340

1. Entity Name

MOM TAYLOR SCHOLARSHIP FUND, INC.



Principal Place of Business

901 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Mailing Address

901 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 US



01042005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-3664572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, FREDERICK E
901 APOLLO BCH BLVD
APOLLO BEACH, FL 33572

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME TAYLOR, FREDERICK E
STREET ADDRESS 901 APOLLO BCH BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE D
NAME TAYLOR, WILLIAM H
STREET ADDRESS 901 APOLLO BCH BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE D
NAME BLASIUS, MARY L
STREET ADDRESS 901 APOLLO BCH BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE D
NAME BROWNING, SUSAN M
STREET ADDRESS 901 APOLLO BCH BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this report as required 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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #