

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90047 039 ****61.25

DOCUMENT # N00000005340

1. Entity Name
MOM TAYLOR SCHOLARSHIP FUND, INC.



Principal Place of Business
**12308 BRAMFIELD DRIVE
 RIVERVIEW, FL 33569**

Mailing Address
**12308 BRAMFIELD DRIVE
 RIVERVIEW, FL 33569 US**

40000000



2. Principal Place of Business - No P.O. Box #
12308 Bramfield Drive

3. Mailing Address
12308 Bramfield Drive

Suite, Apt. #, etc.

03242008 Chg-NP CR2E037 (12/06)

City & State
Riverview Florida

City & State
Riverview Florida

Zip
33579

Country
USA

4. FEI Number
59-3664572

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**TAYLOR, FREDERICK E
 12308 BRAMFIELD DRIVE
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name
TAYLOR, FREDERICK E.

Street Address (P.O. Box Number is Not Acceptable)
12308 Bramfield Drive

City
Riverview

FL

Zip Code
33579

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 **FREDERICK E. TAYLOR** *[Signature]* **Director** **3/24/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renouncing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, FREDERICK E 901 APOLLO BCH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WILLIAM H 901 APOLLO BCH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASIUS, MARY L 901 APOLLO BCH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, SUSAN M 901 APOLLO BCH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK E. TAYLOR 901 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: **FREDERICK E. TAYLOR** *[Signature]* **Director** **3/24/08** **893 6452517**

Signature, typed or printed name of signing officer or director Date Daytime Phone #