

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		
2. Principal Place of Business - No P.O. Box # 12308 Bramfield Drive		3. Mailing Address 12308 Bramfield Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Riverview Florida		City & State Riverview Florida		4. FEI Number 59-3664572	
Zip 33579		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. 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		Director		3/24/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reissuing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME TAYLOR, FREDERICK E STREET ADDRESS 901 APOLLO BCH BLVD CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TAYLOR, WILLIAM H STREET ADDRESS 901 APOLLO BCH BLVD CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BLASIUS, MARY L STREET ADDRESS 901 APOLLO BCH BLVD CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROWNING, SUSAN M STREET ADDRESS 901 APOLLO BCH BLVD CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FREDERICK E. TAYLOR STREET ADDRESS 901 APOLLO BEACH BLVD. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		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"/> Delete		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 Director 3/24/08 893 6452517					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40056000



03242008 Chg-NP CR2E037 (12/06)