

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006000

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: ELIZABETH A. TAYLOR PRODUCTIONS, INC.

**Current Principal Place of Business:**

205 LK DESTINY TRL  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

205 LK DESTINY TRL  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3677518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVETT, W. THOMAS  
200 E ROBINSON ST #500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAYLOR, ELIZABETH A  
Address: 623 NORTSHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: TAYLOR, CHRISTOPHER  
Address: 215 LAKE DESTINY TRL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32451

Title: SD ( ) Delete  
Name: COLLINS, ROBERTA A  
Address: 101 HICKORY TREE ROAD  
City-St-Zip: LONGWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TAYLOR, ELIZABETH A  
Address: 205 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD (X) Change ( ) Addition  
Name: TAYLOR, CHRISTOPHER  
Address: 215 LAKE DESTINY TRL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER TAYLOR

TD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date