


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005829 1. Entity Name JEWELS OF TAU SERVICE ORGANIZATION INCORPORATED						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP 18 AM 11:55	
Principal Place of Business 321 J. WAYNE REITZ UNION GAINESVILLE, FL 32611 US				Mailing Address 321 J. WAYNE REITZ UNION BOX 11 GAINESVILLE, FL 32611 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEYMOUR, VIVIAN - 701 SW 62ND BLVD APT D-24 GAINESVILLE, FL 32607				7. Name and Address of New Registered Agent Name Jazmine Hudson Street Address (P.O. Box Number is Not Acceptable) 52030601 Lakeside Complex City Gainesville State FL Zip Code 32612			
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 <u>Jazmine R. Hudson Jazmine Hudson (Treasurer)</u> DATE <u>9/14/07</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
Filing Fee is \$61.25 Due by September 14, 2007				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 NAME STREET ADDRESS CITY-ST-ZIP	P SEYMOUR, VIVIAN 701 SW 62ND BLVD, APT D-24 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Roshonda Collins Apt. D203 51 SE 16th Ave Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH, DAWN 701 SW 62ND BLVD, APT D-24 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (V) Jamika Garner 3767 NW 23rd Dr Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELTON, ALAYNA 701 SW 62ND BLVD, APT D-24 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) Jazmine Hudson 52030601 Lakeside Complex Gainesville, FL 32612	<input checked="" 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		
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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: Jazmine R. Hudson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/14/07 (352)870-5166 <small>Date Daytime Phone #</small>			