2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPGRT

## **FILED** Jun 03, 2005 8:00 am Secretary of State 06-03-2005 90005 002 \*\*\*\*61.25

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1. Entity Nam TAYLOR FINANIC	COUNT	Y COMMUNITY D TUTION, INC.	DEVELO	PMENT							
Principal Place of Business Mailing Address 2215 RAVENALL AVE 2215 RAVENALL AVE ORLANDO, FL 32811 ORLANDO, FL 32811					·.	500	53423				
2. Principal P	Place of Busin	ness	3. Mai	ling Address							
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Suite, Apt. #, etc. Suite, Apt. #, etc.					05092005	Chg-NP	CR2E	37 (10/03)			
City & Stat	te		Ci	ty & State			4. FEI Numbe 41-2138			<u> </u>	oplied For ot Applicable
Zip		Country	Zij	0	Cou	intry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Register	ed Agent			7. Name and	Address of New I	Registered	Agent	
VICKSON,	DOLLIE					Name				<del></del> -	<del></del>
2215 RAV	ENALL A	<del>-</del>				Street Addres	ss (P.O. Box Numbe	r is Not Acceptab	e)		
	,										
						City			Fl	Zip Cod	le
the obligat	tions of regis	y submits this statement tered agent.	for the purp	ose of changing its r	egistere	ed office or regis	stered agent, or both	n, in the State of Fi	orida. I am	familiar with,	and accept
SIGNATURE											
SIGNATURE		or printed name of registered age	ent and title if ap	oficable. (NOTE:	Registere	d Agent signature requ	uired when reinstating)	·	DATE		<del></del>
	Signature, typed	or printed name of registered ago te is \$61,25 otember 7, 2005	ent and title if ap	9. Election Cam Trust Fund Co	paign F	inancing	\$5.00 May Be Added to Fees	, I	fake chec	k payable t	
	Signature, typed	e is \$61;25		9. Election Cam Trust Fund Co	paign F	inancing	\$5.00 May Be	Fio	iake chec rida Depa	rtment of S	tate
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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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS