

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90002 005 ****70.00

DOCUMENT # N04000000425

1. Entity Name
TYLOR FOUNDATION INC.



Principal Place of Business
330 SE 20TH AVE
DEERFIELD BEACH, FL 33441

Mailing Address
330 SE 20TH AVE
DEERFIELD BEACH, FL 33441

50053796



2. Principal Place of Business
9880 MARINA BLVD
Suite, Apt. #, etc.
1535

3. Mailing Address
9880 MARINA BLVD
Suite, Apt. #, etc.
1535

05032005 Chg-NP CR2E037 (10/03)

City & State
BOCA RATON FL.
Zip
33428
Country
USA

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BOCA RATON FL.
Zip
33428
Country
USA

4. FEI Number
20-0596949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYLOR, SOFEA
330 SE 20TH AVE
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name SOFEA TYLOR
Street Address (P.O. Box Number is Not Acceptable)
9880 MARINA BLVD - Suite 1531

City BOCA RATON FL Zip Code 33428

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 *Sofea Tylor* *Sofea Tylor* 6-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by September 7, 2005

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 PD ☐ Delete
NAME TYLOR, SOFEA
STREET ADDRESS 330 SE 20TH AVE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPST ☒ Change ☐ Addition
NAME TYLOR, SOFEA
STREET ADDRESS 9880 Marina Blvd
CITY-ST-ZIP Boca Raton, FL 33428

TITLE WP ☐ Change ☐ Addition
NAME NICOL T KAISER
STREET ADDRESS 400 S ROSEMARY AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33

TITLE DPST/SECY ☐ Change ☐ Addition
NAME CRISTINA KAISER
STREET ADDRESS 400 S ROSEMARY AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: *Sofea Tylor* - SOFEA TYLOR DPST 6-23-05 561-302-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #