

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010295

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** TAYLORS HOPE CORPORATION

**Current Principal Place of Business:**

1655 CLOW CT  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

1655 CLOW CT  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEIXEIRS, SONYA  
1655 CLOW CT  
NORTH PORT, FL 34286 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: DP  
Name: TEIXEIRA, SONYA  
Address: 1655 CLOW CT  
City-St-Zip: NORTH PORT, FL 34286

Title: S  
Name: GOSS, LISA  
Address: 850 CRESTWEOOD RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DT  
Name: TEIXEIRA, MARK  
Address: 1655 CLOW CT  
City-St-Zip: NORTH PORT, FL 34286

Title: V  
Name: VARISCO, CHRIS  
Address: 1729 CEDAR PARK RD  
City-St-Zip: BRANSON, MO 65616

Title: D  
Name: AL-ARNASI, STEPHANIE  
Address: 1981 SILVER PALM RD  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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 all other like empowered.

**SIGNATURE:** SONYA TEIXEIRA

P

04/12/2012

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

\_\_\_\_\_  
Date