

2005 **NOTICE OF FILING CORPORATION**
ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 002 ****70.00

DOCUMENT # N19177 1. Entity Name FRIENDS OF FT. TAYLOR, INC.					
Principal Place of Business % FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX. P. O. BOX 58 KEY WEST, FL 33041			Mailing Address % FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX. P. O. BOX 58 KEY WEST, FL 33041		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33041	Country MONROE	Zip 33041	Country US	4. FEI Number 65-0019434	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CABANAS, SHERI L 2510 HARRIS AVP KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name PAUL WILLIAMS Street Address (P.O. box number is Not in) 6810 FRONT STREET #110 City KEY WEST FL Zip Code 33040	
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				DATE 9 MAY 05	
Filing Fee is \$81.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPMG KNOPKE MARK P.O. BOX 6560 KEY WEST, FL 33041	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD GUOBAHIS 912 TRUMAN AVE. KEY WEST, 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID ROYMM 1420 STRUGO AV KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL BURLEY 1400 DUVAL STREET KEY WEST, FL 33045	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAUL PO BOX 6452 KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORI-ANN CUMMINGS 1400 DUVAL STREET KEY WEST, FLORIDA 33040	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, PAUL 6810 FRONT STREET #110 KEY WEST, FL 33040	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, JACK PO BOX 5824 KEY WEST FL 33045	☐ Change ☐ Addition			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					