

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19177

FILED
Apr 26, 2008
Secretary of State

Entity Name: FRIENDS OF FT. TAYLOR, INC.

Current Principal Place of Business:

% FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX.
P. O. BOX 58
KEY WEST, FL 33041

New Principal Place of Business:

FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX.
KEY WEST, FL 33041

Current Mailing Address:

% FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX.
P. O. BOX 58
KEY WEST, FL 33041

New Mailing Address:

FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX.
P. O. BOX 58
KEY WEST, FL 33041

FEI Number: 65-0019434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEDEO, DANIEL T
4A CALLE DOS
KEY WEST, FL 33040 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: P () Delete
Name: DEDEO, DANIEL
Address: 4A CALLE DOS
City-St-Zip: KEY WEST, FL 33040 US

Title: VP () Delete
Name: EFSTRATIOU, DMITRIOUS
Address: 1114 17TH TERRACE
City-St-Zip: KEY WEST, FL 33040 US

Title: T () Delete
Name: STANTON, MARK F
Address: 3314 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: S () Delete
Name: MOSS, MARK
Address: 2212 FOGARTY AVENUE
City-St-Zip: KEY WEST, FL 33040 US

Title: B () Delete
Name: WILLIAMS, PAUL
Address: 6810 FRONT STREET
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: B (X) Change () Addition
Name: MALCOM, COREY
Address: 19 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL T. DEDEO

PRES

04/26/2008

Electronic Signature of Signing Officer or Director

Date