

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 06, 2008 8:00 am
Secretary of State

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1st MOORE CR2E037 (10/07)

DOCUMENT # N34761 1. Entity Name THE JOHN A. AND ELIZABETH F. TAYLOR CHARITABLE FOUNDATION, INC.					
Principal Place of Business 241 BRADLEY PLACE PALM BEACH FL 33480 US			Mailing Address 241 BRADLEY PLACE PALM BEACH FL 33480 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0155013 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PALADINO, RICHARD 505 SOUTH FLAGLER DRIVE 1330 WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				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 <u><i>Sandra T. Kaupe</i></u> DATE <u>1-25-08</u> Signature of registered agent or authorized agent of the corporation (NOTE: Registered Agent signature is not required)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	☐ Delete C KAUPE, SANDRA T. 1185 NORTH LAKE PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VPST KAUPE, PETER D. 6807 WASHINGTON RD. WEST PALM BEACH FL 33405	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete P KAUPE, PATRICE 6807 WASHINGTON ROAD WEST PALM BEACH FL 33405	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied was 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 incorporator 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 <u><i>Sandra T. Kaupe</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3-3-08</u> Date of Filing	