


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 049 ****75.00

DOCUMENT # N36158 1. Entity Name ALLENE V. TAYLOR MEMORIAL CENTER, INC.					
Principal Place of Business 5790 NW 19TH AVE. MIAMI, FL 33142-3028			Mailing Address 586 NW 48TH STREET MIAMI, FL 33127		
2. Principal Place of Business -- SAME Suite, Apt. #, etc.		3. Mailing Address 1855 N. W. 58th Street Suite, Apt. #, etc.			
City & State Zip		City & State Miami, Fl. Zip 33142		4. FEI Number 65-0331868 Applied For <input type="checkbox"/> Not Applicable	
Country Miami Dade		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EVE, CHRISTINA M 586 NW 48TH STREET MIAMI, FL 33127			7. Name and Address of New Registered Agent Name GIPSON, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 1855 N. W. 58th Street City MIAMI. FL Zip Code 33142		
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 <i>Catherine Gipson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>April 21, 2004</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$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	PD EVE, CHRISTINA M 586 NW 48TH STREET MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIPSON, CATHERINE 1855 N. W. 58th Street Miami, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEAL, WENDELL DORIS 13400 NW 21ST AVENUE MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVE, CHRISTINA M. 586 N. W. 48th Street Miami, FL 33127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIPSON, CATHERINE 1855 NW 58TH STREET. MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, LILLIAN E 3261 NW 43RD TERRACE MIAMI, FL 33142	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ELOISE 2501 NW 55TH TERRACE MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ELOISE 2501 N.W. 55th TERRACE MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KATIE L 6530 SW 64TH AVENUE MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KATIE L 6530 SW 64TH AVENUE MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Catherine Gipson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>April 21, 2004</i> Daytime Phone # <i>305-635-4169</i>		