

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36158

FILED  
Aug 05, 2009  
Secretary of State

**Entity Name:** ALLENE V. TAYLOR MEMORIAL CENTER, INC.

**Current Principal Place of Business:**

5790 NW 19TH AVE.  
MIAMI, FL 331423028

**New Principal Place of Business:**

**Current Mailing Address:**

1855 NW 58TH ST.  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 65-0331868      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GIPSON, CATHERINE  
1855 NW 58TH ST.  
MIAMI, FL 33142 US

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: PD ( ) Delete  
Name: GIPSON, CATHERINE  
Address: 1855 NW 58TH ST.  
City-St-Zip: MIAMI, FL 33142

Title: VD ( ) Delete  
Name: NEAL, WENDELL DORIS  
Address: 13400 NW 21ST AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: SD ( ) Delete  
Name: DAVIS, LILLIAN E  
Address: 3261 NW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete  
Name: JOHNSON, ELOISE  
Address: 2501 NW 55TH TERR.  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: WILLIAMS, KATIE L  
Address: 6530 SW 64TH AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: RAYFORD, RUBY T  
Address: 2011 NW 98 STREET  
City-St-Zip: MIAMI, FL 33147

**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: SD (X) Change ( ) Addition  
Name: SMITH, MILDRED  
Address: 1767 HERMITAGE BLVD #12105  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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: CATHERINE GIPSON

PD

08/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date