

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39808

FILED  
Jan 03, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA TECHNOLOGY CENTER, INC.

**Current Principal Place of Business:**

18456 SE HERITAGE OAKS LANE  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

18456 SE HERITAGE OAKS LANE  
TEQUESTA, FL 33469 US

**New Mailing Address:**

**FEI Number:** 65-0242111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, SHARON H  
18456 SE HERITAGE OAKS LANE  
TEQUESTA, FL 33469 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: PD ( ) Delete  
Name: TAYLOR, SHARON H  
Address: 18456 SE HERITAGE OAKES LANE  
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete  
Name: MIKELSON, DAVID L  
Address: 18456 SE HERITAGE OAKS LANE  
City-St-Zip: TEQUESTA, FL 33469

Title: STD ( ) Delete  
Name: TAYLOR, RICHARD A  
Address: 5206 DWIRE COURT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: TAYLOR, RICHARD A DR.  
Address: 505 W. 7TH ST #313  
City-St-Zip: AUSTIN, TX 78756

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. MIKELSON

VD

01/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date