

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000341 (9)  
1. Corporation Name  
THE C. TAYLOR FOUNDATION FOR CHILDREN, INC.



Principal Place of Business: 1111 KANE CONCOURSE SUITE 619 BAY HARBOR ISLAND FL  
Mailing Address: 1111 KANE CONCOURSE SUITE 619 BAY HARBOR ISLAND FL

3. Date Incorporated or Qualified: 11/17/1992  
4. FEI Number: 65-0369406  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
TRAUM, SYDNEY S  
201 S ALHAMBRA CIRCLE  
SUITE 1200  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	
NAME	TAYLOR, CARL	NAME	
STREET ADDRESS	RR 62 ALLENDALE ST	STREET ADDRESS	337 Union
CITY-ST-ZIP	NEWPORT VT 05855	CITY-ST-ZIP	
TITLE	D	TITLE	Treasurer
NAME	TAYLOR, MITCHELL	NAME	
STREET ADDRESS	10020 W BROADVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SILVERMAN, SAUL S	NAME	
STREET ADDRESS	2680 S OCEAN BLVD APT 103-N	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	EFTING, ILENE B.	NAME	
STREET ADDRESS	1111 KANE CONCOURSE #619	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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14. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 exhibit this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl G. Taylor 3/2/98 802.334 5085

CFR2037 (10/97)