

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2006  
Secretary of State**

DOCUMENT# N95000000557

Entity Name: TAYLOR COUNTY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

615 N. JEFFERSON ST.  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

615 N. JEFFERSON ST.  
PERRY, FL 32347

**New Mailing Address:**

FEI Number: 59-3339186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BALL, ANGELA M  
615 N. JEFFERSON ST.  
PERRY, FL 32347    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: CRUCE, CLYDE  
Address: 318 N. CLARK ST.  
City-St-Zip: PERRY, FL 32347

Title: S ( ) Delete  
Name: OLSON, CHRIS  
Address: 318 N. CLARK ST.  
City-St-Zip: PERRY, FL 32347

Title: D ( ) Delete  
Name: DANIEL, BOB  
Address: 400 WEST GREEN  
City-St-Zip: PERRY, FL 32347

Title: T ( ) Delete  
Name: MURPHY, JANICE  
Address: 3233 HWY 19 S  
City-St-Zip: PERRY, FL 32347

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLYDE CRUCE

PD

01/17/2006

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

\_\_\_\_\_  
Date