

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000557

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: TAYLOR COUNTY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

318 N CLARK ST.  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

318 N CLARK 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:**

CRUCE, TRUMAN C  
318 NORTH CLARK STREET  
PERRY, FL 32347 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: CLYDE CRUCE

01/16/2009

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: T (X) Change ( ) Addition  
Name: MURPHY, JANICE  
Address: 3233 HWY 19 S  
City-St-Zip: PERRY, FL 32348

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: CHRIS OLSON

SEC

01/16/2009

Electronic Signature of Signing Officer or Director

Date