

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002794 (4)**

1. Corporation Name

THE TAYLOR COMMUNITY BIG BROTHERS, INC.



Principal Place of Business 400 WEST FOLSOM STREET PERRY FL 32347	Mailing Address 400 WEST FOLSOM STREET PERRY FL 32347-5110
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3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report 08/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59332799	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent REAVES, CHARLES 107 ARMSTRONG STREET PERRY FL 32347	
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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

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	
TITLE	<input type="checkbox"/> DELETE
NAME	DUNWOODY, WAYNE A
STREET ADDRESS	RT 5 BOX 485-A
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD REAVES, CHARLES
STREET ADDRESS	107 ARMSTRONG ST
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input type="checkbox"/> DELETE
NAME	VD FLOWERS, GREGORY
STREET ADDRESS	1201 E. MAIN ST
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FD HUGHES, MALTHUS
STREET ADDRESS	400 W FOLSOM ST
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input type="checkbox"/> DELETE
NAME	C REAVES, CLETIS
STREET ADDRESS	214 BUFFALO AVE
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD RAY CLARK
2.3 STREET ADDRESS	711 WEST BAY Street
2.4 CITY-ST-ZIP	Perry, Florida 32347
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEC Roderick Williams
4.3 STREET ADDRESS	1019 West Malloy Street
4.4 CITY-ST-ZIP	Perry, Florida 32347
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the 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 execute 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: *Roger Williams* **April 7, 1997** 904-584-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0009084

CR2E037 (9/96)