## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

N95000002794 (4)

**FILED** Jun 18 1998 8:00am Secretary of State

	AYLOR COMMUNITY BIG B	Mailing Address			
Principal Place	e of business	Mailing Address			
400 WEST FOLSOM STREET PERRY FL 32347		400 WEST FOLSOM STREET PERRY FL 32347		3. Date Incorporated or Qualified 06/06/1995	
ĺ				4. FEI Number Applied For	-
				59-3327399 Not Applicab	ia.
	lace of Business	2a. Mailing Address 26 P.O. Box	875	5. Certificate of Status Desired S8.75 Additional Fee Required	Ť
21 Suite, Apt	# Alc	26 / O So X	0/3	6. Election Campaign Financing \$5.00 May Be	_
22	,, <b>(10</b>	27		Trust Fund Contribution Added to Fees	
City & State	Ð	City & State		7. Is this nonprofit corporation a homeowners association?	_
23		28 Perry, Flo	ove da	☐ Yes 🔀 No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25]		10 TAYLUR	Personal Property Tax due June 30. 🔲 Yes 💹 No	_
	9. Name and Address of Curre	nt Registered Agent	1001	10. Name and Address of New Registered Agent	_
			B1 Name		
REAVES, CHARLES			82 Street Add	dress (P.O. Box Number is Not Acceptable)	_
107 ARMSTRONG STREET					_
PERRY	FL <b>82</b> 347		83		
			84 City	FL 85 Zip Code	_
office or r agent. La SIGNATURE	egistered agont, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag		thorized by the corpora ida Statutes.	rporation submits this statement for the purpose of changing its registere- ation's board of directors. I hereby accept the appointment as registered	-
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE		DELETE	1.1 TITLE	☐ Change ☐ Addition	ın
NAME	DUNWOODY, WAYNE A		1.2 NAME		
STREET ADDRESS	RT 5 BOX 485-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PE</b> RRY FL 32347		: 1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE	☐ Change ☐ Addition	Л
NAME	CLARK, RAY		2.2 NAME		
STREET ADDRESS	711 W BAY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		2. 4 CITY-ST-ZIP		_
TITLE	VD	DELETE	3.1 TITLE	Change Addition	ıN
NAME	FLOWERS, GREGORY		3.2 NAME		
STREET ADDRESS	1201 E. MAIN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>P</b> ERRY FL 32347	The second	3.4. CITY+ST-ZIP	Change Addition	_
TITLE	8	DELETE	4.1 T(TLE	☐ Change ☐ Addition	116
NAME	WILLIAMS, RODERICK		4. 2 NAME		
STREET ADDRESS	1019 W MALLOY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Additio	'n
TITLE	REAVES, CLETIS		5.1 TILE 5.2 NAME	_ onange _ Advance	9.1
NAME	214 BUFFALO AVE				
STREET ADDRESS	PERRY FL 32347		5.3 STREET ADDRESS		
CITY-ST-ZIP	1 FUUL 1 F 05041	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	n
TITLE		veete	6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS	÷		0.0 STREET MUUNCOO		

14. I 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 ennual 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.

4/20/98

850-589-1552