

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003109 (4)

1. Corporation Name

FRIENDS OF TAYLOR PARK, INC.



Principal Place of Business

**139 ROCKLEDGE AVE
ROCKLEDGE FL 32955**

Mailing Address

**139 ROCKLEDGE AVE
ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CALDWELL, RICK
139 ROCKLEDGE AVE
ROCKLEDGE FL 32955**

*just name
incorrect*

10. Name and Address of New Registered Agent

81 Name

Caldwell, Rita (Name)

82 Street Address (P.O. Box Number is Not Acceptable)

139 Rockledge Ave

83

84 City

Rockledge

FL

85 Zip Code
32955

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

Rita Caldwell, Director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CALDWELL, RICK**
STREET ADDRESS **139 ROCKLEDGE AVE**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE ☐ DELETE

NAME **D DICK, MARC**
STREET ADDRESS **21 N FERNWOOD DR**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE ☐ DELETE

NAME **D ECONOMOU, GLORIA**
STREET ADDRESS **1101 S ATLANTIC AVE**
CITY - ST - ZIP **COCOA BEACH FL 32931**

TITLE ☐ DELETE

NAME **D NEWKIRK, CHARLIE**
STREET ADDRESS **74 N PALMWAY AVE**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles B. Newkirk

4/1/96

631-9046

CR2E037 (12/95)