

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90053 020 ****61.25

DOCUMENT # N95000003109

1. Entity Name

FRIENDS OF TAYLOR PARK, INC.



Principal Place of Business

139 ROCKLEDGE AVENUE
ROCKLEDGE FL 32955

Mailing Address

139 ROCKLEDGE AVENUE
ROCKLEDGE FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, RITA
139 ROCKLEDGE AVENUE
ROCKLEDGE FL 32955

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME CALDWELL, RITA
STREET ADDRESS 139 ROCKLEDGE AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME GOFF, MELANIE
STREET ADDRESS 75 N PALM WAY DR
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME CLAY, JANE
STREET ADDRESS 54 BURLINGTON
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME ~~WINGO, NANCY~~
STREET ADDRESS ~~32 N FERNWOOD DR~~
CITY-ST-ZIP ~~ROCKLEDGE FL 32955~~ **DELETE**

TITLE ☐ Delete
NAME WALTON, EDITH
STREET ADDRESS 29 SOUTH HARDEE CIRCLE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDITH M WALTON

Date

Daytime Phone #

321 631 3753
3/10/04