

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 028 ****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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <u>59-3322534</u>	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, RITA
139 ROCKLEDGE AVENUE
ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALDWELL, RITA
STREET ADDRESS	139 ROCKLEDGE AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SEIT, BRENDA
STREET ADDRESS	36915 WILD PINE LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD
NAME	WALTON, EDITH
STREET ADDRESS	29 SOUTH HARDEE CIRCLE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

[Handwritten Signature] *Treasurer* *1/18/08* *321/631/3753*