

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003109

FILED
Jan 16, 2009
Secretary of State

Entity Name: FRIENDS OF TAYLOR PARK, INC.

Current Principal Place of Business:

139 ROCKLEDGE AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

139 ROCKLEDGE AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3322534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, RITA
139 ROCKLEDGE AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALDWELL, RITA
Address: 139 ROCKLEDGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SEIT, BRENDA
Address: 36915 WILD PINE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: WALTON, EDITH
Address: 29 SOUTH HARDEE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH M WALTON

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date