

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90411 049 \*\*\*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 **NOT 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	CALDWELL, RITA	
STREET ADDRESS	139 ROCKLEDGE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICK, MARC	
STREET ADDRESS	4 N. FERNWOOD DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	NEWKIRK, CHARLES	
STREET ADDRESS	74 NORTH PALMWAY AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINGO, NANCY	
STREET ADDRESS	32 N FERNWOOD DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTON, EDDIE M	
STREET ADDRESS	29 SOUTH HARDEE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARZUFF, ALICE	
STREET ADDRESS	664 ORANGE COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELANIE GOFF	
STREET ADDRESS	75 N PALM WAY DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE CLAY	
STREET ADDRESS	54 BURLINGTON	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, EDITH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*EDITH M WALTON* 4/18/03 631 3753

CR2E037 (10/02)