

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002420 (5)**

1. Corporation Name

TAYLOR COMMUNITY BIG SISTERS INCORPORATED



Principal Place of Business 208 W FOLSOM STREET PERRY FL 32347	Mailing Address 208 W FOLSOM STREET PERRY FL 32347-5106
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3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21. Suite, Apt. #, etc. 208 West Folsom St. 22. City & State Perry, FL 23. Zip 32347 24. Country U.S.	2a. Mailing Address 25. Suite, Apt. #, etc. 208 West Folsom St. 26. City & State Perry, FL 27. Zip 32347 28. Country U.S.
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUGHES, JANET Y 208 W FOLSOM STREET PERRY FL 32347	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HUGHES, JANET Y
STREET ADDRESS	208 W FOLSOM ST
CITY-ST-ZIP	PERRY FL 32347
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MILLER, PAULINE
STREET ADDRESS	P O BOX 1347 N/A
CITY-ST-ZIP	PERRY FL 32347
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, CORLA
STREET ADDRESS	P O BOX 962 N/A
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Trustee
1.3 STREET ADDRESS	Lillie Mae Gent
1.4 CITY-ST-ZIP	3301 U.S. 19 South Perry, FL 32347
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jurleen Clayton, Secretary
2.3 STREET ADDRESS	715 West Spring Place
2.4 CITY-ST-ZIP	Perry, Florida 32347
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trustee
3.3 STREET ADDRESS	Rose Demps
3.4 CITY-ST-ZIP	168 N. Myrtle St. Perry, FL 32347
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Trustee
4.3 STREET ADDRESS	Chiquita Reaves
4.4 CITY-ST-ZIP	214 Buffalo Drive Perry, FL 32347
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Leila Rhines
5.4 CITY-ST-ZIP	201 Susan Street Perry, FL 32347
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: **Janet Y Hughes** **Janet Y Hughes** 1-25-97 904-838-2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)