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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000002420 (5)

TAYLOR COMMUNITY BIG SISTERS INCORPORATED

FILED Mar 28 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		ilo #Alar abita tibir bibab h	1814 WBE1 18W1
208 W FOLSOM STREET PERRY FL 32347		208 W FOLSOM STREET PERRY FL 32347-5106				
				3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last R	eport
2. Principal Place of Business		2a. Mailing Address	28. Mailing Address 28. 208 West Folsom St.		4. FEI Number Applied For Not Applicate	
Suite, Apt		Suite, Apt. #, etc.	I OBJITO.	5. Certificate of Status Desired	\$8.75	
2 208 City & State	West Folsom S	City & State	·	6. Election Campaign Financing	\$5.00	May Be
3 <u>Perr</u>	Country	28 Perry, F	Country	Trust Fund Contribution		to Fees
a 323		29 32347	30 11.5.	8. This corporation has tiability for In Florida Statutes	ntangibie tax under s Yes 💢 No	. 199.032,
1) 0	9. Name and Address of			10. Name and Address of New Reg		
			81 Name			
	S, JANET Y		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	·
	OLSOM STREET		83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
PERRY F	·L 32347		[53]			
			84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 6	617.0502 and 617.1508. Florida Statute	es, the above-named	corporation submits this statement for the p	urpose of changing it	ts registered
office or r	registered agent, or both, in the	e State of Florida. Such change was a philoations of Section 617 0503. For	authorized by the corp	oration's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	my named with, and decept an	obligations of, cooker over good, the	mad opprotos.			
0.0.0.0.0	Signature, typed or profed name of regis	stered agent and title if applicable. (NOT)	Registered Agent Bigneture I		DATE	,
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
12. Inle	OFFICE P		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE		
12. TITLE NAME	P HUGHES, JANET Y	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE Trustee Li III Mare Gent	ERS AND DIRECTOR	
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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.