

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006000

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC7037718811**

**Entity Name:** ELIZABETH A. TAYLOR PRODUCTIONS, INC.

**Current Principal Place of Business:**

205 LK DESTINY TRL  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

205 LK DESTINY TRL  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 59-3677518**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOVETT, W. THOMAS  
200 E ROBINSON ST #500  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title PD  
Name TAYLOR, ELIZABETH A  
Address 205 LAKE DESTINY TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TD  
Name TAYLOR, CHRISTOPHER  
Address 215 LAKE DESTINY TRL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SD  
Name COLLINS, ROBERTA A  
Address 101 HICKORY TREE ROAD  
City-State-Zip: LONGWOOD FL

*I hereby 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 all other like empowered.*

**SIGNATURE: TAYLOR, CHRISTOPHER**

**TD**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date