

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002652

Entity Name: THE WILLIAM TAYLOR FOUNDATION**Current Principal Place of Business:**236 W. READE AVE.
UPLAND, IN 46989**Current Mailing Address:**236 W. READE AVE.
UPLAND, IN 46989**FEI Number:** 35-6047122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIU, WELLINGTON DR
6480 DEACON CIRCLE
WINDERMERE, FL 34786 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 DR.
Name HABECKER, EUGENE
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989-1001

Title MR.
Name GEARHART, TOM
Address 3048 N BLUE HERON TRACE
City-State-Zip: MARION IN 46952

Title MR.
Name HAINES, LOWELL
Address 10922 BRIGANTINE DR
City-State-Zip: INDIANAPOLIS IN 46256

Title BOARD MEMBER
Name RON, SUTHERLAND
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989

Title BOARD MEMBER
Name BLUM, JAMES
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989

Title BOARD MEMBER
Name MUSELMAN, ROGER
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989

Title EXECUTIVE DIRECTOR
Name OLSON, STEPHEN
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989

Title BOARD MEMBER
Name ROSADO, MANUEL
Address 236 W. READE AVE.
City-State-Zip: UPLAND IN 46989

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: STEPHEN OLSON**EXECUTIVE DIRECTOR****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date