

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13104 (7)

1. Corporation Name

**THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR MA
NOR, INC.**



Principal Place of Business

Mailing Address

**6601 CHESTER AVE.
JACKSONVILLE FL 32217**

**6601 CHESTER AVE.
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2777638

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGHEE, C COLLIER JR.
112 W. ADAMS ST.
STE. 924
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **CHRISTIAN, R. IRVIN**
STREET ADDRESS **1027 BROOKMONT AVE.,E.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32211**

TITLE **D** ☐ DELETE
NAME **PENCE, WILLIAM B.,JR.**
STREET ADDRESS **14830 PLUMOSA DR.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32250**

TITLE **STD** ☐ DELETE
NAME **MCGHEE, C. COLLIER, JR.**
STREET ADDRESS **112 W ADAMS ST STE 924**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32202**

TITLE **D** ☐ DELETE
NAME **POARCH, BERT, P**
STREET ADDRESS **178 JEFFERSON AVE EAST**
CITY-ST-ZIP **ORANGE PARK FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32065**

TITLE **DVC** ☐ DELETE
NAME **SIZEMORE, ROBERT J.**
STREET ADDRESS **11338 ELAINE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32218**

TITLE **D** ☐ DELETE
NAME **HENDRICKS, HERMAN**
STREET ADDRESS **6137 RAIN TREE RD**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **32211**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

904-636-0313

Day

Daytime Phone #

CR2E037 (12/95)