

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13104</b> 1. Entity Name <b>THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR MANOR, INC.</b>					
Principal Place of Business <b>6603 CHESTER AVE. JACKSONVILLE, FL 32217</b>		Mailing Address <b>6601 CHESTER AVE. JACKSONVILLE, FL 32217</b>			
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01062004 No Chg-NP</span> <span>CR2E037 (10/03)</span> </div>			
4. FEI Number <b>59-2777638</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>RICE, JAMES 6601 CHESTER AVE. JACKSONVILLE, FL 32217</b>		DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	CD	1101000009E40 01/21/04-80021-003 350.00			
NAME	COMPTON, RICHARD				
STREET ADDRESS	7436 LERN TURNER RD.				
CITY- ST- ZIP	JACKSONVILLE, FL 32208				
TITLE	D				
NAME	RUMMEL, RICHARD				
STREET ADDRESS	28 SEA TROUT ST.				
CITY- ST- ZIP	PONTE VEDRA BEACH, FL 32082	DO NOT WRITE IN THIS SPACE			
TITLE	STD				
NAME	MCGEHEE, C. COLLIER, JR.				
STREET ADDRESS	112 W ADAMS ST STE 924				
CITY- ST- ZIP	JACKSONVILLE, FL 32202				
TITLE	D				
NAME	POARCH, BERT, P				
STREET ADDRESS	178 JEFFERSON AVE EAST	DO NOT WRITE IN THIS SPACE			
CITY- ST- ZIP	ORANGE PARK, FL 32065				
TITLE	DVC				
NAME	SIZEMORE, ROBERT J.				
STREET ADDRESS	11338 ELAINE DR.				
CITY- ST- ZIP	JACKSONVILLE, FL 32218				
TITLE	D				
NAME	SMITH, HAL	DO NOT WRITE IN THIS SPACE			
STREET ADDRESS	10000 GATE PARKWAY N #2015				
CITY- ST- ZIP	JACKSONVILLE, FL 32246				
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: <b>1/6/04</b> Daytime Phone: <b>904-636-0313</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone</small>	