

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90932 001 ***350.00

DOCUMENT # N13104

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



Principal Place of Business
**6601 CHESTER AVE.
JACKSONVILLE FL 32217**

Mailing Address
**6601 CHESTER AVE.
JACKSONVILLE FL 32217**

2. Principal Place of Business
6603 Chester Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number **59-2777638**

Applied For

Not Applicable

Zip
32217

Country
USA

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICE, JAMES
6601 CHESTER AVE.
JACKSONVILLE FL 32217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **CHRISTIAN, R. IRVIN**
STREET ADDRESS **1027 BROOKMONT AVE.,E.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **CD** ☒ Change ☐ Addition
NAME **Compton, Wayne**
STREET ADDRESS **7436 Lem Turner Rd**
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **D** ☒ Delete
NAME **PENCE, WILLIAM B.,JR.**
STREET ADDRESS **14830 PLUMOSA DR.**
CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **D** ☒ Change ☐ Addition
NAME **Rummel, Richard**
STREET ADDRESS **28 Sea Trout St.**
CITY-ST-ZIP **Ponte Vedra Bch, FL 32082**

TITLE **STD** ☐ Delete
NAME **MCGEEHEE, C.COLLIER,JR.**
STREET ADDRESS **112 W ADAMS ST STE 924**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POARCH, BERT, P**
STREET ADDRESS **178 JEFFERSON AVE EAST**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVC** ☐ Delete
NAME **SIZEMORE, ROBERT J.**
STREET ADDRESS **11338 ELAINE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, HAL**
STREET ADDRESS **10000 GATE PARKWAY N #2015**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Matthew T. Sherburne** 4/1/03 904-636-0313

CR2E037 (10/02)