


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 711805	
1. Entity Name THE FANNIE E. TAYLOR HOME FOR THE AGED, INC.	

Principal Place of Business 3937 SPRING PARK RD. JACKSONVILLE, FL 32207	Mailing Address 6601 CHESTER AVE. JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FBI Number 59-1357353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUMMEL, RICHARD 28 SEA TROUT ST. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, HAL 10000 GATE PARKWAY N #2015 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POARCH, BERT P. 178 JEFFERSON AVE., E. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCGEEHEE, C C, JR 112 W ADAMS ST #924 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC SIZEMORE, ROBERT J. 11338 ELAINE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC COMPTON, WAYNE 7436 LERN TURNER RD. JACKSONVILLE, FL 32208

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IN THIS SPACE**

01/21/04-80021-003 350.00

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:  **1/6/04 904-636-0313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #