

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90063 001 \*\*\*350.00

**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**

**66000300**



01192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1357353**

Applied For  
Not Applicable

Zip

Country

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUMMEL, RICHARD	
STREET ADDRESS	28 SEA TROUT ST.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HAL	
STREET ADDRESS	10000 GATE PARKWAY N #2015	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	POARCH, BERT P.	
STREET ADDRESS	178 JEFFERSON AVE., E.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCGEHEE, C C, JR	
STREET ADDRESS	112 W ADAMS ST #924	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE, ROBERT J.	
STREET ADDRESS	11338 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COMPTON, WAYNE	
STREET ADDRESS	7436 LERN TURNER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Change title to ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/05*

Date

*904-636-0313*

Daytime Phone #