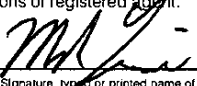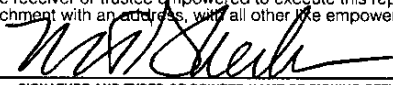# 2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

170

DOCUMENT # 711805

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

FILED

06 APR 13 PM 1: 30

~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3937 SPRING PARK RD. JACKSONVILLE, FL 32207	6601 CHESTER AVE. JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03302006 Chg-NP CR2E037 (11/05)
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: Mark Levine Street Address (P.O. Box Number is Not Acceptable): 6601 Chester Ave City: Jacksonville FL Zip Code: 32217

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)_   Mark Levine, Executive Director   3/31/06

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, 2006**	**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: D NAME: RUMMEL, RICHARD STREET ADDRESS: 28 SEA TROUT ST. CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082 ☑Delete	TITLE: ST NAME: Richard Rummell STREET ADDRESS: 28 Sea Trout St. CITY-ST-ZIP: Ponte Vedra Beach, FL 32082 ☑Change ☐Addition
TITLE: ST NAME: SMITH, HAL STREET ADDRESS: 10000 GATE PARKWAY N #2015 CITY-ST-ZIP: JACKSONVILLE, FL 32246 ☑Delete	TITLE: D NAME: Kenneth Dickerman STREET ADDRESS: 11721 Village Lane CITY-ST-ZIP: Jacksonville, FL 32223 ☐Change ☑Addition
TITLE: D NAME: POARCH, BERT P. STREET ADDRESS: 178 JEFFERSON AVE., E. CITY-ST-ZIP: ORANGE PARK, FL ☐Delete	TITLE: NAME: 20007048018 STREET ADDRESS: 04/17/06--01002--006 **770.00 CITY-ST-ZIP: ☐Change ☐Addition
TITLE: VCD NAME: PULLEN, DOUGLAS STREET ADDRESS: 1433 WINDSOR PLACE CITY-ST-ZIP: JACKSONVILLE, FL 32205 ☐Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐Change ☐Addition
TITLE: DC NAME: COMPTON, WAYNE STREET ADDRESS: 7436 LERN TURNER RD. CITY-ST-ZIP: JACKSONVILLE, FL 32208 ☑Delete	TITLE: CD NAME: John W. Barber, Jr. STREET ADDRESS: 1514 Bernita St. CITY-ST-ZIP: Jacksonville, FL 32211 ☐Change ☑Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐Delete	TITLE: D NAME: Gene Bryant STREET ADDRESS: 6688 Cabello Drive CITY-ST-ZIP: Jacksonville, FL 32226 ☐Change ☑Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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)_   3/31/06   904-636-0313

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