2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711805

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 3937 SPRING PARK RD JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 6601 CHESTER AVE JACKSONVILLE, FL 32217 FEI Number: 59-1357353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATTHEW T. SHERBURNE, C.P.A. SHERBURNE, MATTHEW T CPA 6601 CHESTER AVE. 6601 CHESTER AVE. JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 US 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. SIGNATURE: MATTHEW T. SHERBURNE 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: C/D () Delete () Change () Addition PULLEN, DOUGLAS Name: Name: 1435 WINDSOR PLACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: VCD () Delete Title: V/D (X) Change () Addition BARBER, JOHN W JR Name: COMPTON, WAYNE Name: Address: 1514 BERNITA ST Address: 7436 LEM TURNER ROAD City-St-Zip: JACKSONVILLE, FL 32214 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: (X) Change () Addition JACKSON, ANDREW JACKSON, ANDREW Name: Name: 3405 BURGOYNE DR. 2405 BURGOYNE DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change () Addition Name: BRYANT, GENE Name: Address: 6688 CABELLO DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: () Delete Title: () Change (X) Addition DICKERMAN, KENNETH Name: Name: 11721 VILLAGE LANE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: () Change (X) Addition LIGHT, NANCY Name: Name: Address: Address: 13832 CARTERS GROVE LANE JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW T. SHERBURNE VP 04/27/2009