

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 011 ****70.00

DOCUMENT # 743411 1. Entity Name THE FANNIE E. TAYLOR HOME FOR THE AGED OF SOUTH JACKSONVILLE, INC.					
Principal Place of Business 6601 CHESTER AVE. JACKSONVILLE, FL 32217			Mailing Address 6601 CHESTER AVE. JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1932958	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHERBURNE, MATTHEW T CPA 6601 CHESTER AVE JACKSONVILLE, FL 32217			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	VCD	<input checked="" type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEN, DOUGLAS		NAME	Pullen, Douglas	
STREET ADDRESS	1433 WINDSOR PLACE		STREET ADDRESS	1435 Windsor Place	
CITY-ST-ZIP	JACKSONVILLE, FL 322054		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	V/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, NANCY		NAME	Barber, John W. Jr.	
STREET ADDRESS	13832 CARTERS GROVE LANE		STREET ADDRESS	1514 Bernita St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERMAN, KENNETH		NAME		
STREET ADDRESS	11721 VILLAGE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ANDREW		NAME		
STREET ADDRESS	2405 BURGEOYNE DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	CCD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, JOHN W JR		NAME		
STREET ADDRESS	1514 BERNITA ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, GENE		NAME		
STREET ADDRESS	6688 CABELLO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP		
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: <u>Robin A. Lee</u> <u>Robin A. Lee</u> <u>4/21/08</u> <u>904-636-0313</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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