

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 16, 2012  
Secretary of State**

DOCUMENT# 764469

**Entity Name:** THE FANNIE E. TAYLOR HOME FOR THE AGED - CARE CENTER, INC.**Current Principal Place of Business:**6535 CHESTER AVE.  
JACKSONVILLE, FL 32217 US**New Principal Place of Business:****Current Mailing Address:**6535 CHESTER AVE.  
JACKSONVILLE, FL 32217 US**New Mailing Address:****FEI Number:** 59-2307493**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHERBURNE, MATTHEW T CPA  
6601 CHESTER AVENUE  
JACKSONVILLE, FL 32217 US**Name and Address of New Registered Agent:**LEE, ROBIN A  
6601 CHESTER AVENUE  
JACKSONVILLE, FL 32217 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: ROBIN A. LEE

05/16/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARBER, JOHN W JR  
Address: 1514 BERNITA STREET  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: V  
Name: MANN, GEORGE  
Address: 3638 HIGHLAND GLEN WAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S  
Name: LEE, ROBIN A  
Address: 2511 EBERSOL ROAD  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 all other like empowered.

SIGNATURE: ROBIN A. LEE

S

05/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date