

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13101 (3)

1. Corporation Name

THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR FOUNDATION SERVICES, INC.



Principal Place of Business

Mailing Address

6601 CHESTER AVE.
JACKSONVILLE FL 32217

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JACKSONVILLE FL 32217

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2681152

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGHEE, C COLLIER JR.
112 W. ADAMS ST.
STE. 924
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **CHRISTIAN, R. IRVIN**
STREET ADDRESS **1027 BROOKMONT AVE., E.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **PENCE, WILLIAM B., JR.**
STREET ADDRESS **14830 PLUMOSA DR.**
CITY-ST-ZIP **JACKSONVILLE BCH. FL**

TITLE **STD** ☐ DELETE
NAME **MCGHEE, C. COLLIER, JR.**
STREET ADDRESS **112 W ADAMS ST #924**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VCD** ☐ DELETE
NAME **SIZEMORE, ROBERT J.**
STREET ADDRESS **11338 ELAINE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **POARCH, BERT P.**
STREET ADDRESS **178 JEFFERSON, AVE. E**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ DELETE
NAME **HENDRICKS, HERMAN**
STREET ADDRESS **6137 RAINTREE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32211**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32256**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32202**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32218**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32065**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **32211**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

904-636-0313

CR2E037 (12/95)