

FILE NOW: FILING FEE IS \$61.25

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**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13101 (3)
1. Corporation Name
THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR FOUNDATION SERVICES, INC.

Principal Place of Business 6601 CHESTER AVE. JACKSONVILLE FL 32217	Mailing Address 6601 CHESTER AVE. JACKSONVILLE FL 32217
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3. Date Incorporated or Qualified 01/22/1986	
4. FEI Number 59-2681152	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, R. IRVIN	
STREET ADDRESS	1027 BROOKMONT AVE., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENCE, WILLIAM B., JR.	
STREET ADDRESS	14830 PLUMOSA DR.	
CITY-ST-ZIP	JACKSONVILLE BCH. FL 32250	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCGHEE, C. COLLIER, JR.	
STREET ADDRESS	112 W ADAMS ST #924	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SIZEMORE, ROBERT J.	
STREET ADDRESS	11338 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POARCH, BERT P.	
STREET ADDRESS	178 JEFFERSON, AVE. E	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDRICKS, HERMAN	
STREET ADDRESS	6137 RAINTREE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *James T. Rice* **JAMES T. RICE** 2/10/98 904-636-0313

CR2E037 (10/97)