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May 08, 1999 8:00 am
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05-08-1999 90042 050 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13101

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/22/1986

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 32211**

TITLE **D** ☐ DELETE
NAME **PENCE, WILLIAM B., JR.**
STREET ADDRESS **14830 PLUMOSA DR.**
CITY-ST-ZIP **JACKSONVILLE BCH. FL 32250**

TITLE **STD** ☐ DELETE
NAME **MCGHEE, C. COLLIER, JR.**
STREET ADDRESS **112 W ADAMS ST #924**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VCD** ☐ DELETE
NAME **SIZEMORE, ROBERT J.**
STREET ADDRESS **11338 ELAINE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ DELETE
NAME **POARCH, BERT P.**
STREET ADDRESS **178 JEFFERSON, AVE. E**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☒ DELETE
NAME **HENDRICKS, HERMAN**
STREET ADDRESS **6137 RAIN TREE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Hendricks, Herman**
6.3 STREET ADDRESS **Rt. 4 Box 2010**
6.4 CITY-ST-ZIP **LAKE BUTLER, Florida 32054**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED P. RICE

5/1/99

(904) 626-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)