

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90092 010 ****70.00

DOCUMENT # N13101

1. Entity 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 - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2681152

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**LEVINE, MARK
6601 CHESTER AVENUE
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent
Name **Matthew T. Sherburne, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
6601 Chester Ave.
City **Jacksonville** FL Zip Code **32217**

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 *[Signature]* DATE **5/8/07**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BARBER, JOHN W JR 1514 BERNITA ST JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RUMMEL, RICHARD 28 SEA TROUT ST. PONTE VEDRA BEACH, FL 32082 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD PULLEN, DOUGLAS 1433 WINDSOR PLACE JACKSONVILLE, FL 32205 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POARCH, BERT P 178 JEFFERSON, AVE. E ORANGE PARK, FL 32065 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DICKERMAN, KENNETH 11721 VILLAGE LANE JACKSONVILLE, FL 32223 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRYANT, GENE 6688 CABELLO DRIVE JACKSONVILLE, FL 32226 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Light, Nancy 13832 Carters Grove Lane Jacksonville, FL 32223 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Compton, Wayne 7436 Lem Turner Rd Jacksonville, FL 32208 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jackson, Andrew 2405 Burgoyne Dr. Jacksonville, FL 32208 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McQuiddy, Dean 1579 The Green Way, Ste 20 Jacksonville Beach, FL 32250 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* DATE **5/8/07** DAYTIME PHONE # **904-636-0313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR