2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N13101

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

Current Principal Place of Business:

6601 CHESTER AVE.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6601 CHESTER AVE.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2681152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHARBURNE, MATTHEW T
6601 CHESTER AVENUE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

SHERBURNE, MATTHEW T
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: MATTHEW T. SHERBURNE 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: PULLEN, DOUGLAS
Address: 1435 WINDSOR PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VCD ( ) Delete
Name: BARBER, JOHN W JR
Address: 1514 BERNITA ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: JACKSON, ANDREW
Address: 2405 BURGOYNE DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: DICKERMAN, KENNETH
Address: 11721 VILLAGE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: BRYANT, GENE
Address: 6688 CABELLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change ( ) Addition
Name: PULLEN, DOUGLAS
Address: 1435 WINDSOR PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: V/D (X) Change ( ) Addition
Name: COMPTON, WAYNE
Address: 7436 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T ( ) Change (X) Addition
Name: LIGHT, NANCY
Address: 13832 CARTERS FROVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MATTHEW T. SHERBURNE VP 04/27/2009
Electronic Signature of Signing Officer or Director Date