

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90932 001 ***350.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2681152**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E
RICK, JAMES T
6601 CHESTER AVENUE
JACKSONVILLE FL 32217

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CHRISTIAN, R. IRVIN
1027 BROOKMONT AVE.,E.
JACKSONVILLE FL 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Compton, Wayne
7436 Lem Turner Rd
Jacksonville, FL 32208 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Rummel, Richard
28 Sea Trout St.
Ponte Vedra Bch, FL 32082 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MCGEEHEE,C.COLIER,JR.
112 W ADAMS ST #924
JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, HAL
10000 GATE PARKWAY N #2015
JACKSONVILLE FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 empowerment.

SIGNATURE:

Matthew T. Sherburne

4/1/03

904-636-0313

CR2E037 (10/02)