FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702938 (2)

1. Corporation Name
VERA DAVIS - WD CHARITIES, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD CT. JACKSONVILLE FL 32205-3601	5050 EDGEWOOD CT. JACKSONVILLE FL 32205-3601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1961
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6180346 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 32254 / 25 Country	29 Zip 32254 / 30 Country

9. Name and Address of Current Registered Agent

H.J. SKELTON
5050 EDGEWOOD CT
JACKSONVILLE FL 32205
32254

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, CHARLES P	1.2 NAME	
STREET ADDRESS	ONE PASCHALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEACHTREE CITY GA	1.4 CITY-ST-ZIP	
TITLE	DPAT	2.1 TITLE	☐ Change ☐ Addition
NAME	SKELTON, H.J.	2.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ATS	3.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, G. P. JR.	3.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROBERT D	4.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, A. DANO	5.2 NAME	
STREET ADDRESS	5050 EDGEWOOD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, H.D.	6.2 NAME	
STREET ADDRESS	5050 EDGEWOOD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: G. P. Bishop Jr. G.P. BISHOP, JR. 3-6-95 (904) 725-5314
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028614