

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702938** (2)

1. Corporation Name

**VERA DAVIS - WD CHARITIES, INC.**



Principal Place of Business <b>5050 EDGEWOOD CT. JACKSONVILLE FL 32205-3601</b>	Mailing Address <b>P.O. BOX 2088 JACKSONVILLE FL 32203-2088</b>
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3. Date Incorporated or Qualified <b>09/26/1961</b>	3a. Date of Last Report <b>03/30/1996</b>
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2. Principal Place of Business 21 <b>4310 Pablo Oaks Court</b> Suite, Apt #, etc. 22 City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32224</b>	2a. Mailing Address 26 <b>P.O. Box 19366</b> Suite, Apt #, etc. 27 City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>3224 5-9366</b>
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4. FEI Number <b>59-6180346</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>H.J. SKELTON 5050 EDGEWOOD CT JACKSONVILLE FL 32254</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4310 Pablo Oaks Court</b> 83 84 City <b>Jacksonville, FL</b> 85 Zip Code <b>32224</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, CHARLES P</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PASCHALL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEACHTREE CITY GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPAT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKELTON, H.J.</b>	2.2 NAME	
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>	2.3 STREET ADDRESS	<b>4310 Pablo Oaks Court</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ATS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISHOP, G. P. JR.</b>	3.2 NAME	
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>	3.3 STREET ADDRESS	<b>4310 Pablo Oaks Court</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ROBERT D</b>	4.2 NAME	
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>	4.3 STREET ADDRESS	<b>4310 Pablo Oaks Court</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, A. DANO</b>	5.2 NAME	
STREET ADDRESS	<b>5050 EDGEWOOD CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCIS, H.D.</b>	6.2 NAME	
STREET ADDRESS	<b>5050 EDGEWOOD CT</b>	6.3 STREET ADDRESS	<b>4310 Pablo Oaks Court</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: G. P. Bishop, Jr. **REQUIRED** G. P. Bishop, Jr. 4-17-97 (904) 223-7481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004429

CR2E037 (9/96)