FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

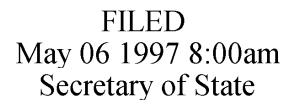
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 702938

(2)

VERA DAVIS - WD CHARITIES, INC.





Principal Place of Business Mailing Address			T YARIH IBDII BDIID HIRIB IBIAD HIBD LOIT BIBU BIBIT BIDII BIDII BIDII BIDII BIDI			
		P.O BOX 2088 JACKSONVILLE FL 32203-20	68			
		••••••			3. Date Incorporated or Qualified 09/26/1961	3a. Date of Last Report 03/30/1996
2. Principal P	lace of Business	2a. Mailing Address	· -		4. FEI Number	Applied For
21 4310 Pablo Oaks Court 26 P.O		26 P.O. Box 19	.O. Box 19366		59-6180346	Not Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Jacks	onville, FL	28 Jacksonvill			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		intry	8. This corporation has liability for	
24 32224		29 3224 5-9366	30			Yes X No
	9. Name and Address of Currer	it Hegistered Agent		81 Name	10. Name and Address of New F	registered Agent
	TO 1.			I MSI II B		
	H.J. SKELTON				Address (P.O. Box Number is Not Accept	able)
5050 EDGEWOOD CT				4.310 83	Pablo Oaks Court	
JACKSUN	WILLE FL 32254			0.5		
				84 City		85 Zip Code
	10-11-017-017	00 1 047 4500 Ft- :- 1- 01-1	45.2		sonville. Fl.	FL 32224
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	d by the corp	corporation submits this statement for the oration's board of directors. I hereby acc	purpose or changing its registere ept the appointment as registered
agent. La	m familiar with, and accept the oblig	ations of, Section 617.0503, FI	orida Sta	tutes.	•	
SIGNATURE	Signature, typed or printed name of registered age	and all of Applicable (NO)	T. On sinters	d Annal size there	required when reinstating)	DATE
12.		D DIRECTORS	13.	o Agent signature i		ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	TIF	7,00110110,011111000 (0.011	Change Additi
NAME	STEPHENS, CHARLES P		1.2 N	\		
STREET ADDRESS	ONE PASCHALL RD			TREET ADDRESS		
CITY-ST-ZIP	PEACHTREE CITY GA			TY-ST-ZIP		
TALE	DPAT	DELETE	2.1 7			Change Additi
NAME	SKELTON, H.J.		2.2 N	· }		
	5050 EDGEWOOD COURT			TREET ADDRESS	4310 Pablo Oaks Cour	.+
STREET ADDRESS	JACKSONVILLE FL		1	1	4310 Pablo Caks Cour	1
CITY-ST-ZIP TITLE	ATS	DELETE	3.1 T	OTY-ST-ZIP		Change Additi
		L otter		··		-X curulto L vuono
NAME	BISHOP, G. P. JR.		32N		4240 b.ks. 6 t. 6	. 4
STREET ADDRESS	5050 EDGEWOOD COURT		1 .	TREET ADDRESS	4310 Pablo Oaks Cour	۲'
CITY-S1-ZIP	JACKSONVILLE FL	☐ DELETE		CITY-ST-ZIP		Change Additi
TITLE	VTD		4.1 7	l		Change
NAME	DAVIS, ROBERT D			AME		
STREET ADDRESS	5050 EDGEWOOD COURT			TREET ADDRESS	4310 Pablo Oaks Cour	't
CITY-ST-ZIP	JACKSONVILLE FL	T on the		ITY-ST-ZIP		Change Additi
TITLE	DAME A DAMA	☐ DELETE	5.1 T			☐ Change ☐ Additi
NAME	DAVIS, A. DANO		5.2 N	ł		
STREET ADDRESS	5050 EDGEWOOD CT		1	TREET ADDRESS		
CITY-ST-7IP	JACKSONVILLE FL	F1 25.54-		ITY-ST-ZIP		T. A
TrTLE	VAS	DELETE	6.1 T	\ \		Change Additi
NAME	FRANCIS, H.D.		6.2 N	AME		
STREET ADDRESS	5050 EDGEWOOD CT		6.3 S	TREET ADDRESS	4310 Pablo Oaks Cour	t
CITY-ST-ZIP	JACKSONVILLE FL		6.40	ITY-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.

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

G. P. Bishop, Jr. 4-17-97 (904) 223-7481