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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702938

1. Corporation Name

VERA DAVIS - WD CHARITIES, INC.

Principal Place of Business

4310 PABLO OAKS COURT  
JACKSONVILLE FL 32224  
US

Mailing Address

P.O. BOX 19366  
JACKSONVILLE FL 32245-9366  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/26/1961

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

9. Name and Address of Current Registered Agent

H.J. SKELTON  
4310 PABLO OAKS COURT  
JACKSONVILLE FL 32224

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 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

TITLE D ☐ DELETE  
NAME STEPHENS, CHARLES P  
STREET ADDRESS ONE PASCHALL RD  
CITY-ST-ZIP PEACHTREE CITY GA

TITLE DPAT ☐ DELETE  
NAME SKELTON, H.J.  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE  
NAME THORNE, SUSAN C  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VTD ☐ DELETE  
NAME DAVIS, ROBERT D  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME DAVIS, A. DANO  
STREET ADDRESS 5050 EDGEWOOD CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VAS ☐ DELETE  
NAME FRANCIS, H.D.  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. Thorne

4/23/99

(904) 223-7480

Date

Daytime Phone #

CR2E037 (1/98)