


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702938</b>	
1. Entity Name <b>VERA DAVIS - WD CHARITIES, INC.</b>	

Principal Place of Business <b>4310 PABLO OAKS COURT JACKSONVILLE FLA, 32224 US</b>	Mailing Address <b>P.O. BOX 19366 JACKSONVILLE, FL 32245-9366 US</b>
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02262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6180346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ZAHRA JR., E. ELLIS 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>
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6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, CHARLES P ONE PASCHALL RD PEACHTREE CITY, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAT SKELTON, H.J. 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNE, SUSAN C 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVIS, ROBERT D 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, A. DANO 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FRANCIS, H.D. 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224

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U00000482049  
04/11/06-80059-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

**SIGNATURE:**  **Susan C. Thorne** **3/23/06** **904/223-7480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #