

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 715440**

1. Entity Name

**JAMES E. DAVIS FAMILY - 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**

**DO NOT WRITE IN THIS SPACE**



02262006 No Chg-NP

CRZE037 (11/05)

4. FEI Number

**59-6128733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZAHRA JR., E. ELLIS  
4310 PABLO OAKS COURT  
JACKSONVILLE, FL 32224**

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D  
NAME DAVIS, FLORENCE N.  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VAS  
NAME FRANCIS, H. D  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V  
NAME THORNE, SUSAN C  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE DP  
NAME DAVIS, A. DANO  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D  
NAME SMITH, DOROTHY D.  
STREET ADDRESS 1016 FT MASON DR  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE VTO  
NAME SKELTON, H.J.  
STREET ADDRESS 4310 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

000000482044  
04/11/06-80059-016 61.25

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IN THIS SPACE**

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

**Susan C. Thorne**

**3/23/06**

**904/223-7480**

Date

Daytime Phone if