
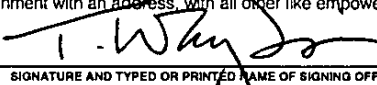


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 007 ****61.25

DOCUMENT # 722181 1. Entity Name TINE W. DAVIS FAMILY - WD CHARITIES, INC.					
Principal Place of Business 1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207 US			Mailing Address 1910 SAN MARCO BLVD JACKSONVILLE FLA, 32207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0995388	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, T. WAYNE 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, T. WAYNE JR.		NAME		
STREET ADDRESS	1910 SAN MARCO BLVD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAFFELL, PAUL K		NAME		
STREET ADDRESS	1934 LARGO ROAD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY, MARGARET M		NAME	1910 SAN MARCO BLVD.	
STREET ADDRESS	191 SAN MARCO BLVD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILLOUGH, ELIZABETH		NAME		
STREET ADDRESS	1910 SAN MARCO BLVD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 4/20/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					