

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N45590 (9)**  
1. Corporation Name  
**DONNER COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**1671 FRANCIS AVE.**  
**ATLANTIC BEACH FL 32233**

2. Principal Place of Business 2a. Mailing Address  
**21** **26 P.O. Box 33626**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28 Atlantic Beach, Florida**  
Zip Country Zip Country  
**24** **25** **29 32233** **30 USA**

3. Date Incorporated or Qualified **10/11/1991** 3a. Date of Last Report **02/21/1995**  
4. FEI Number **59-3085078** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
~~WALKER, WILLIE J~~  
~~24 NORTH MARKET ST.~~  
~~SUITE 502~~  
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent  
**81** Name **Lynn Poyner Drysdale**  
**82** Street Address (P.O. Box Number is Not Acceptable) **1768 Oceangrove Dr.**  
**83**  
**84** City **Atlantic Beach** **FL** **85** Zip Code **32233**

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.  
**LYNN DRYSDALE** **3/12/96**

SIGNATURE *Lynn Drysdale, Esq.*  
Signature and or printed name and title of registered agent or officer or director

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE  
**PD**  
**SIMPKINS, SHARETTE**  
**354 19TH ST.**  
**ATLANTIC BEACH FL 32233**  
☐ DELETE  
**VPO**  
**CALDWELL, BILLY**  
**5432 MATANZAS WAY**  
**JACKSONVILLE FL 32211**  
☐ DELETE  
**SD**  
**FREEMAN, JOYCE**  
**334 SKATE ROAD**  
**ATLANTIC BEACH FL 32233**  
☐ DELETE  
**DT**  
**JACKSON, ORPAH**  
**15 SIMMONS RD.**  
**ATLANTIC BEACH FL 32233**  
☒ DELETE  
~~FSD~~  
~~CALDWELL, PETRENE~~  
~~5432 MATANZAS WAY~~  
~~JACKSONVILLE FL 32211~~  
☐ DELETE  
**D**  
**DRYSDALE, LYNN**  
~~100 OYLAN DR.~~  
**ATLANTIC BEACH FL 32233**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☒ Change ☐ Addition  
**11** TITLE  
**12** NAME  
**13** STREET ADDRESS  
**14** CITY-ST-ZIP **Atlantic Beach, FL 32233**  
☐ Change ☐ Addition  
**21** TITLE  
**22** NAME  
**23** STREET ADDRESS  
**24** CITY-ST-ZIP  
☐ Change ☐ Addition  
**31** TITLE  
**32** NAME  
**33** STREET ADDRESS  
**34** CITY-ST-ZIP  
☐ Change ☐ Addition  
**41** TITLE  
**42** NAME  
**43** STREET ADDRESS  
**44** CITY-ST-ZIP  
☐ Change ☐ Addition  
**51** TITLE  
**52** NAME  
**53** STREET ADDRESS  
**54** CITY-ST-ZIP  
☐ Change ☐ Addition  
**61** TITLE  
**62** NAME  
**63** STREET ADDRESS **1768 Oceangrove DR**  
**64** CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(13)(k), 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.

SIGNATURE: *Sharette Simpkins - President* **3/12/96** **(904) 241-0054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (b) (3) (c) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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