

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N45590

1. Corporation Name

DONNER COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business 1671 FRANCIS AVE. Mailing Address

PO BOX 33626

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90095 033 ****61.25



ATLANTIC BEA	ACH FL 32233	US				 	
— '	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualifed 10/11/1991	······	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		lied For
22		27			59:3085078		Applicable
City & State	e	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Red	
23		28					
Zip	Country	Zip	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
24	9. Name and Address of Current	29 30	<u> </u>		10. Name and Address of New Register	<u> </u>	71 663
	9. Name and Address of Current	Registered Agent	81	Name			
LVNN DC	AVNED D		L.			<u> </u>	
LYNN, POYNER D 1768 OCEANGROVE DR.			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
	BCH FL 32233		83				
ATLANTIC	DON FL 32233		\ 	211		05 7:- 0	·ada
			84	. ,		EL 85 Zip C	
agent, i a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	2 and 617.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 617.0503, Florida	, the above norized by a Statutes	e-named co the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	at signature requ	uired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.† TITLE			Change	Addition
NAME	SIMPKINS, SHARETTE		1.2 NAME				
STREET ADDRESS	354 19TH ST.		1.3 STREE	ADDRESS			
CITY-ST-ZIP	ATLANTIC BCH FL		1.4 CITY-S	T- ZIP			
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CALDWELL, BILLY		2.2 NAME				
STREET ADDRESS	5432 MATANZAS WAY		2.3 STREE	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL-32211		2.4 CITY-5	57-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	FREEMAN, JOYCE		3.2 NAME				
STREET ADDRESS	334 SKATE ROAD		3.3 STREE	TADORESS		1	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	——————————————————————————————————————	3.4. CITY-5	IT-ZIP		☐] Change	Addition
TITLE	DT	☐ DELETE	4.1 TITLE			□ change	
NAME	JACKSON, ORPAH		4. 2 NAME				
STREET ADDRESS	15 SIMMONS RD.			T ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	DELETE	4.4 CITY-5	T-ZIP		Change	Addition
TITLE	D DOVEDALE LYMM		5.1 TITLE 5.2 NAME			Orionigo	
NAME	DRYSDALE, LYNN			TADORESS			
STREET ADDRESS	1768 OCEANGROVE DR. ATLANTIC BEACH FL		5.4 CITY-S	ŀ			
CITY-ST-ZIP	ATLANTIC BEACH FL	☐ DELETE	6.1 TITLE	I MI		Change	Addition
TITLE			6.2 NAME	Ì			
NAME				TADDRE\$S			
STREET ADDRESS			6.4 CITY-S				
CITY-ST-ZIP	1		# U.T OIT 17 G				

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 ay address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

1-904-241-0054

Daytime Phone #

03/ (11/98)