

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2001 08:00 AM
Secretary of State

DOCUMENT # N45590

1. Entity Name
 DONNER COMMUNITY DEVELOPMENT CORPORATION

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

Mailing Address
 PO BOX 33626
 ATLANTIC BCH FL 32233 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 354 19TH ST
 Suite, Apt. #, etc.

City & State
 ATLANTIC BCH FL

City & State
 ATLANTIC BCH FL

Zip Country
 32233 US

4. FEI Number
59-3085078

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYNN POYNER D
 1768 OCEANGROVE DR.
 ATLANTIC BCH FL 32233 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE **09/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DRYSDALE LYNN	
STREET ADDRESS	1768 OCEANGROVE DR.	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JACKSON ORPAH	
STREET ADDRESS	15 SIMMONS RD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREEMAN JOYCE	
STREET ADDRESS	334 SKATE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALDWELL BILLY	
STREET ADDRESS	5432 MATANZAS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMPKINS SHARETTE	
STREET ADDRESS	354 19TH ST.	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYSDALE LYNN	
STREET ADDRESS	1768 OCEANGROVE DR.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPKINS SHARETTE	
STREET ADDRESS	354 19TH ST.	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sharette Simpkins PD 09/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)