

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****3. Mailing Address**

354 19TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-------------------------|----------------|-------------------------|----------------|--|---|
| City & State | | City & State | | 4. FEI Number | Applied For |
| ATLANTIC BCH FL | | ATLANTIC BCH FL | | 59-3085078 | <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 32233 | US | 32233 | US | | |

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

| | | |
|---|---|-----------------|
| LYNN POYNER D 1768 OCEANGROVE DR. ATLANTIC BCH FL 32233 US | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | Zip Code |
| | FL | |

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

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|-----------------------------------|--|-----------------------|--|--|--|--|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | DRYSDALE LYNN | NAME | DRYSDALE LYNN | | | | |
| STREET ADDRESS | 1768 OCEANGROVE DR. | STREET ADDRESS | 1768 OCEANGROVE DR. | | | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | | | | |
| TITLE | DT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | JACKSON ORPAH | NAME | | | | | |
| STREET ADDRESS | 15 SIMMONS RD. | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | CITY-ST-ZIP | | | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | FREEMAN JOYCE | NAME | | | | | |
| STREET ADDRESS | 334 SKATE ROAD | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | CITY-ST-ZIP | | | | | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | CALDWELL BILLY | NAME | | | | | |
| STREET ADDRESS | 5432 MATANZAS WAY | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | CITY-ST-ZIP | | | | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | SIMPKINS SHARETTE | NAME | SIMPKINS SHARETTE | | | | |
| STREET ADDRESS | 354 19TH ST. | STREET ADDRESS | 354 19TH ST. | | | | |
| CITY-ST-ZIP | ATLANTIC BCH FL 32233 | CITY-ST-ZIP | ATLANTIC BCH FL 32233 | | | | |
| 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 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 Daytime Phone #

CR2E037 (11/00)