

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # N96000001A97

1. Corporation Name

Durkeeville Resident Management Corporation, Inc.

Principal Place of Business

Mailing Address

1118 Steele Court  
Jacksonville, FL 32209

8711 Newton Road #212  
Jacksonville, FL 32216

3. Date Incorporated or Qualified  
3-29-96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1118 Steele Court

26 8711 Newton Road

4. FEI Number

59-3373822

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32209

25 US

29 32216

30 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wairter June Mitchell  
8711 Newton Road #212  
Jacksonville, FL 32216

81 Name  
Wairter Mitchell

82 Street Address (P.O. Box Number is Not Acceptable)  
8711 Newton Road #212

83

84 City Jacksonville

FL

85 Zip Code  
32216

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE D.

NAME Wairter Mitchell

STREET ADDRESS 8711 Newton Road #212

CITY-ST-ZIP Jacksonville, FL 32216

1.1 TITLE V. P.

1.2 NAME Selena Waters

1.3 STREET ADDRESS 1720 Payne Court

1.4 CITY-ST-ZIP Jacksonville, FL 32209

TITLE S.

NAME Jessie Gardner

STREET ADDRESS 1120 Steele Court

CITY-ST-ZIP Jacksonville, FL 32209

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE V. P.

NAME Ruby Jackson

STREET ADDRESS 1731 Eaverson Court

CITY-ST-ZIP Jacksonville, FL 32209

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D.

NAME Katie Lee

STREET ADDRESS 3330 Brentwood Avenue

CITY-ST-ZIP Jacksonville, FL 32209

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE C.

NAME Willie Mae Butler

STREET ADDRESS 1617 Wilcox

CITY-ST-ZIP Jacksonville, FL 32209

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D.

NAME Maggie Smith

STREET ADDRESS 3182 Brentwood Avenue

CITY-ST-ZIP Jacksonville, FL 32209

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 an address.

SIGNATURE:

Wairter Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wairter Mitchell

3-31-97

Date

904-565/355

Daytime Phone #

CR2E037 (9/96)