

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN -2 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721714

(4)

1. Corporation Name

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA

Principal Place of Business

Mailing Address

4114 HERSCHEL ST #109
JACKSONVILLE FL 32210

4114 HERSCHEL ST #109
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1971

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1218883

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, MARCY M
3684 RICHMOND ST.
JACKSONVILLE FL 32205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MOODY, MARCY M.
STREET ADDRESS	3684 RICHMOND ST.
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	VTD
NAME	FORD, VICTORIA I.
STREET ADDRESS	2909 ST. JOHNS AVE. #28
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	D
NAME	SHAY, CYNTHIA T.
STREET ADDRESS	5122 ARAPAHOE AVE.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	SD
NAME	KNAUER, MRS. W. JEROME
STREET ADDRESS	4145 ORTEGA BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	GRAVES, TAYLOE L.
STREET ADDRESS	4218 CHIPPEWA DR.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	PATTILLO, MRS. CHARLES E
STREET ADDRESS	4902 APACHE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☒ Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Pattillo, Sassy
2.4 CITY - ST - ZIP	4902 Apache Ave Jacksonville, FL 32210
3.1 TITLE	☒ Change ☒ Addition
3.2 NAME	VD
3.3 STREET ADDRESS	Darby, Lucy W.
3.4 CITY - ST - ZIP	919 Greenridge Rd Jacksonville, FL 32207
4.1 TITLE	☒ Change ☒ Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Mahoney, Eleanor E.
4.4 CITY - ST - ZIP	2651 Iroquois Ave Jacksonville, FL 32210
5.1 TITLE	☒ Change ☒ Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Brundick, Betty
5.4 CITY - ST - ZIP	4804 Arapahoe Ave Jacksonville, FL 32210
6.1 TITLE	☒ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	Morrow, Sara
6.4 CITY - ST - ZIP	2549 Red Fox Road Orange Park, FL 32073

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(3)(b), 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:

Marcy M. Moody

Marcy M. Moody, President

5/30/95

904-384-6585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #