FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **721714** **(4)**

1. Corporation Name

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AM ERICA 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

3. Date Incorporated or Qualified: **09/16/1971**

3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1218883** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MOODY, MARCY M
3664 RICHMOND ST.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOODY, MARCY M.		1.2 NAME		
STREET ADDRESS	3664 RICHMOND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATTILLO, SASSY		2.2 NAME		
STREET ADDRESS	4902 APACHE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DARBY, LUCY W		3.2 NAME		
STREET ADDRESS	919 GREENRIDGE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, ELEANOR E		4.2 NAME		
STREET ADDRESS	2651 IROQUOIS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRUNDICK, BETTY		5.2 NAME		
STREET ADDRESS	4804 ARAPOHOE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORROW, SARA		6.2 NAME		
STREET ADDRESS	2549 RED FOX ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		6.4 CITY-ST-ZIP		

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)(k), 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 1/18/96 904-384-6585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marcy M. Moody, President

CR2E037 (12/95)