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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721714 (4)

1. Corporation Name
THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA



Principal Place of Business 4114 HERSCHEL ST #109 JACKSONVILLE FL 32210	Mailing Address 4114 HERSCHEL ST #109 JACKSONVILLE FL 32210-2200
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3. Date Incorporated or Qualified 09/16/1971	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1218883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 PATTILLO, SARAH M.
82 Street Address (P.O. Box Number is Not Acceptable) 4902 APACHE AVE
83
84 City JACKSONVILLE
85 Zip Code FL 32210

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: **SARAH M. PATTILLO, PRESIDENT** *Sarah M. Pattillo* DATE: **1-14-97**

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME MOODY, MARCY M.	
STREET ADDRESS 3664 RICHMOND ST.	
CITY - ST - ZIP JACKSONVILLE FL 32205	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME PATTILLO, SASSY	
STREET ADDRESS 4902 APACHE AVE	
CITY - ST - ZIP JACKSONVILLE FL 32210	
TITLE VD	<input type="checkbox"/> DELETE
NAME DARBY, LUCY W	
STREET ADDRESS 919 GREENRIDGE RD	
CITY - ST - ZIP JACKSONVILLE FL 32207	
TITLE SD	<input type="checkbox"/> DELETE
NAME MAHONEY, ELEANOR E	
STREET ADDRESS 2651 IROQUOIS AVE	
CITY - ST - ZIP JACKSONVILLE FL 32210	
TITLE SD	<input type="checkbox"/> DELETE
NAME BRUNDICK, BETTY	
STREET ADDRESS 4804 ARAPOHOE AVE	
CITY - ST - ZIP JACKSONVILLE FL 32210	
TITLE D	<input type="checkbox"/> DELETE
NAME MORROW, SARA	
STREET ADDRESS 2549 RED FOX ROAD	
CITY - ST - ZIP ORANGE PARK FL 32073	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PATTILLO, SARAH M.	
1.3 STREET ADDRESS 4902 APACHE AVE	
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32210-8334	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WALTON, LIB	
2.3 STREET ADDRESS 3811 MCGIRTS BLVD	
2.4 CITY - ST - ZIP JACKSONVILLE, FL 32210-4336	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sarah M. Pattillo* Sarah M. Pattillo 1-9-97 (904) 388-4223

CR2E037 (9/96)