2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 721714** 1. Entity Name THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AM Principal Place of Business Mailing Address 4114 HERSCHEL ST #109 4114 HERSCHEL ST #109 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90020 044 ****61.25



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. F	El Number 50	-1218883		Applied For	
·								Not Applicable	
Zip Country		Zip	Country	5 . C				2.75 Additional Required	
	6. Name and Address of Current	Registered Agent		7. N	lame and Addre	ess of New Regist	ered Agent		
			Nai	ne				I	
MODDOW	CADA W		Stre	et Address (P.O. B	ox Number is N	ot Acceptable)		- <u>-</u>	
MORROW				`					
	FOX ROAD								
ORANGE PARK FL 32073		•	City	City Zip Code					
							ru i		
8. The above	named entity submits this statement fo	r the purpose of changing its	s registered offi	ce or registered age	ent, or both, in th	ne state of Florida.			
SIGNATURE				signature required when re	instating)	r	DATE		
	Signature, typed or printed name or registered agent	and the reapplicable. (NO	TE. Hegisteled Agent	aignititate required when to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	FILE NOW:	 Election Campaign Financir Trust Fund Contribution. 		\$5.00 May	May Be Make Check Pay		•		
	FEE IS \$61.25	Trust Fund Contri	oution. L	Added to Fe	es	рерапт	nent of Stat	В	
10	OFFICERS AND DIF	ECTORS	11.	ADDIT	IONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS	S IN 10	
10.	P	☐ Delete	TITLE	,	10110701711102	5 (O O () (O E (O))	☐ Chang		
TITLE	MORROW, SARA W	☐ Delete	NAME	-				30	
NAME STREET ADDRESS	2549 RED FOX RD		STREET ADDI	ESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP						
·	VD	☐ Delete	TITLE				Chan	ge Addition	
TITLE NAME	TOMLINSON, SUZANNE	□ Delete	NAME					go	
STREET ADDRESS	1890 SHADOWLAWN ST		STREET ADD	RESS					
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP						
·	SD SD		TITLE	SD			☐ Chan	ge (X) Addition	
TITLE NAME	MAHONEY, ELEANOR E	Delete	NAME	Kay At	·kine				
STREET ADDRESS	2651 IROQUOIS AVE		STREET ADDI			Lub Road			
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIF			FL 3221	0		
TITLE	SD	☐ Delete	TITLE	Uacksu	MATTIE	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Chan	ge	
NAME	OLSEN, ELIZABETH	□ Delete	NAME					_	
STREET ADDRESS	4002 MC GRITS BLVD		STREET ADD	BESS				I	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIF						
TITLE	T	☐ Delete	TITLE	 			☐ Chan	ge 🔲 Addition	
NAME	FORTSON, KATHRYN R	_ 00.00	NAME						
STREET ADDRESS	3875 ORTEGA BLVD		STREET ADD	RESS					
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIF	:					
TITLE		⊙ □ Delete	TITLE	VD			☐ Chan	ge 🔀 Addition	
NAME		, 50000	NAME		Irving		_	- -	
STREET ADDRESS			STREET ADD		Apache A	Ave			
CITY-ST-ZIP			CITY-ST-ZIF			, FL 3221	.0		
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the exemption					ne information	

Thereby demay mat the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i), Prorida Statutes. 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:

904-388-4223