2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# 721714

Entity Name: THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA

Current Principal Place of Business:

4114 HERSCHEL ST #109
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4114 HERSCHEL ST #109
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1218883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGER, ANNE J
505 LANCASTER ST. #5D
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAGER, ANNE P
Address: 505 LANCASTER ST. #5D
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: TOMLINSON, SUZANNE S
Address: 1890 SHADOWLAWN ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: ATKINS, KAY
Address: 5126 YACHT CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: GIBBS, ANN D
Address: 5005 YACHT CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete
Name: LUDWIG, DIANE K
Address: 4718 ARAPAHOE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete
Name: IRVING, ALICE
Address: 4618 APACHE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ALLEN, NADIA N
Address: 4448 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DICKINSON, EDNA
Address: 1199 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE LUDWIG T 01/26/2004
Electronic Signature of Signing Officer or Director — Date