2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2005 8:00 am
Secretary of State

02-01-2005 90029 010 ****61.25

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01262005 Chg-NP CR2E037 (10/03)

DOCUMENT # 721714

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1218883 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HAGER, ANNE J
505 LANCASTER ST. #5D
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
Name: Allen, Nadia N.
Street Address (P.O. Box Number is Not Acceptable): 4448 Ortega Blvd.
City: Jacksonville FL Zip Code: 32210

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nadia N Allen, President — DATE: 3/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	HAGER, ANNE P	NAME	Allen, Nadia N
STREET ADDRESS	505 LANCASTER ST. #5D	STREET ADDRESS	4448 Ortega Blvd.
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	Jacksonville, Fl. 32210
TITLE	VD ☑ Delete	TITLE	V.P ☑ Change ☐ Addition
NAME	ALLEN, NADIA N	NAME	Davis, Catherine L.
STREET ADDRESS	4448 ORTEGA FOREST DR	STREET ADDRESS	4930 Morven Rd.
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	Jacksonville, Fl. 32210
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATKINS, KAY	NAME	
STREET ADDRESS	5128 YACHT CLUB RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIBBS, ANN D	NAME	
STREET ADDRESS	5005 YACHT CLUB ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUDWIG, DIANE K	NAME	
STREET ADDRESS	4718 ARAPAHOE AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DICKINSON, EDNA	NAME	
STREET ADDRESS	1199 BEACH AVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	

12. I 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 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: Diane K. Ludwig Diane K. Ludwig — Date: 1/26/2005 — Daytime Phone #: 904-388-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rec. 2/25/05
returned 3/2/05