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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 725308 (1)

1. Corporation Name

THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF T
HE DAUGHTERS OF THE AMERICAN REVOLUTION

Principal Place of Business	Mailing Address
630 N. BUMBY SUITE #210 C/O ALBERT L. LEWIS ORLANDO FL 32803	630 N. BUMBY SUITE #210 C/O ALBERT L. LEWIS ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1973
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-6139922 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEWIS, ALBERT L
630 NORTH BUMBY AVENUE SUITE 210
ORLANDO FL 32803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 1/17/1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D Regent ☐ Change ☐ Addition
NAME	VOSS, ELLEN	1.2 NAME	Litts, Audrey
STREET ADDRESS	3101 NEALWOOD AVE.	1.3 STREET ADDRESS	2930 Ponkan Pines Rd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Apopka, FL. 32712-5624
TITLE	D	2.1 TITLE	Vice Regent ☐ Change ☐ Addition
NAME	WILLIAMS, ELISABETH	2.2 NAME	D Edna Benson
STREET ADDRESS	1849 OAK LANE	2.3 STREET ADDRESS	1626 E. Mt. Vernon St.
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	Orlando, FL. 32803-5509
TITLE	D	3.1 TITLE	Rec. Sec. ☐ Change ☐ Addition
NAME	DORSEY,LUCY SPRIGG	3.2 NAME	D Janice Austin
STREET ADDRESS	729 EUCLID AVE.	3.3 STREET ADDRESS	6512 Horse Shoe Bend
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL. 32822-3334
TITLE	P	4.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	HUMPHRIES, DOLORES	4.2 NAME	D Eleanor Svenson
STREET ADDRESS	110 HUNTERS TRAIL	4.3 STREET ADDRESS	8301 Granada Blvd.
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	Orlando, FL. 32836
TITLE	S	5.1 TITLE	Registra ☐ Change ☐ Addition
NAME	SVENSON, ELEANOR	5.2 NAME	D Shirley Blow
STREET ADDRESS	8301 GRANADA BLVD.	5.3 STREET ADDRESS	6121 Marlberry Dr.
CITY-ST-ZIP	ORLANDO FL 32819	5.4 CITY-ST-ZIP	Orlando, FL. 32819
TITLE	D	6.1 TITLE	Historian ☑ Change ☐ Addition
NAME	LITTS, AUDRY	6.2 NAME	D Mildred Anderson
STREET ADDRESS	2930 PONKA PINES DR	6.3 STREET ADDRESS	PO Box 616246
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	Orlando, FL. 32861-6246

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)(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: [signature] 1-25-95 941-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Eleanor Svenson (ORMC)

00338813