

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725308 (1)

1. Corporation Name

THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE 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

2 Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1973

3a. Date of Last Report

03/03/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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

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 617.050 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 617.003, Florida Statutes.

SIGNATURE

Albert L. Lewis

ALBERT L. LEWIS

1/16/1996

12. OFFICERS AND DIRECTORS

TITLE

DR
LITTS, AUDREY
2930 PONKAN PINES RD
APOPKA FL 32712-5624

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

VRD
BENSON, EDNA
1626 E MT. VERNON STREET
ORLANDO FL 32803-5509

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

RSD
AUSTIN, JANICE
6512 HORSE SHOE BEND
ORLANDO FL 32822-3334

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD
SVENSON, ELEANOR
8301 GRANADA BLVD
ORLANDO FL 32836

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

RD
BLOW, SHIRLEY
6121 MARLBERRY DRIVE
ORLANDO FL 32819

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

D
ANDERSON, MILDRED
P. O BOX 616246 NA
ORLANDO FL 32861-6246

DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(k), 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:

Eleanor C. Svenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (407) 876-4676
Date Date/Time Phone #

CR2E037 (12/95)