

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 32803-4920

3. Date Incorporated or Qualified 01/10/1973  
3a. Date of Last Report 01/26/1996  
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

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

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 617.0502 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 617.0503, Florida Statutes.

SIGNATURE *Edna Benson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DR	<input checked="" type="checkbox"/> DELETE
NAME	LITTS, AUDREY	
STREET ADDRESS	2930 PONKAN PINES RD	
CITY-ST-ZIP	APOPKA FL 32712-5624	
TITLE	VRD	<input type="checkbox"/> DELETE
NAME	BENSON, EDNA	
STREET ADDRESS	1626 E MT. VERNON STREET	
CITY-ST-ZIP	ORLANDO FL 32803-5509	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	AUSTIN, JANICE	
STREET ADDRESS	6512 HORSE SHOE BEND	
CITY-ST-ZIP	ORLANDO FL 32822-3334	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SVENSON, ELEANOR	
STREET ADDRESS	8301 GRANADA BLVD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	BLOW, SHIRLEY	
STREET ADDRESS	6121 MARLBERRY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MILDRED	
STREET ADDRESS	P. O BOX 616246 NA	
CITY-ST-ZIP	ORLANDO FL 32861-6246	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RD (Regent)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENSON, EDNA	
1.3 STREET ADDRESS	1626 E. Mt. Vernon ST	
1.4 CITY-ST-ZIP	Orlando, FL 32803-5509	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PARKER, JOYCE	
2.3 STREET ADDRESS	1217 ELINORE DR	
2.4 CITY-ST-ZIP	ORLANDO, FL 32808-6238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MULLER, NANCY	
3.3 STREET ADDRESS	5516 PINE SHADE COURT	
3.4 CITY-ST-ZIP	ORLANDO, FL 32819-7111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AUSTIN, JANIS	
4.3 STREET ADDRESS	6512 HORSE SHOE BEND	
4.4 CITY-ST-ZIP	ORLANDO, FL 32822-3677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MERRIMAN, AIMEE	
5.3 STREET ADDRESS	7441 MEGAN ELISSA LANE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32819-7764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Edna Benson, Regent* Jan. 21, 1997 407/898-3081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016368

CF2E037 (9/96)