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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725308 (1)
1. Corporation Name
THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION

Principal Place of Business 630 N. BUMBY SUITE #210 C/O ALBERT L. LEWIS ORLANDO FL 32803	Mailing Address 630 N. BUMBY SUITE #210 C/O ALBERT L. LEWIS ORLANDO FL 32803
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3. Date Incorporated or Qualified
01/10/1973

4. FEI Number
59-6139922

Applied For	Not Applicable
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2. Principal Place of Business 21 800 N. Hwy. 434, Suite #1 Suite, Apt. #, etc. 22 c/o Douglas S. Seaburn City & State 23 Altamonte Springs, FL Zip 24 32714	2a. Mailing Address 26 800 N. Hwy. 434, Suite #1 Suite, Apt. #, etc. 27 c/o Douglas S. Seaburn City & State 28 Altamonte Springs, FL Zip 29 32714
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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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 Douglas S. Seaburn, CFP
82 Street Address (P.O. Box Number is Not Acceptable) Northwood Professional Center
83 800 North Highway 434, Suite 1
84 City Altamonte Springs
85 Zip Code FL 32714

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/13/98**

12. OFFICERS AND DIRECTORS

TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, EDNA	
STREET ADDRESS	1626 E MT VERNON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VRD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, EDNA	
STREET ADDRESS	1626 E MT. VERNON STREET	
CITY-ST-ZIP	ORLANDO FL 32803-5509	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, JANICE	
STREET ADDRESS	6512 HORSE SHOE BEND	
CITY-ST-ZIP	ORLANDO FL 32822-3334	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, JANICE	
STREET ADDRESS	6512 HORSE SHOE BEND	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRIMAN, AMEE	
STREET ADDRESS	7441 MEGAN ELISSA LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MULLER, NANCY	
STREET ADDRESS	5516 PINE SHADE CT	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARKER, JOYCE	
1.3 STREET ADDRESS	1217 ELINORE DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32808	
2.1 TITLE	VRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SVENSON, ELEANOR	
2.3 STREET ADDRESS	8301 GRANADA BLVD	
2.4 CITY-ST-ZIP	ORLANDO, FL 32836	
3.1 TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIS, GEORGIA	
3.3 STREET ADDRESS	3021 PEEL AVENUE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32806	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAMPBELL, KELLY	
4.3 STREET ADDRESS	1307 PINAR DRIVE	
4.4 CITY-ST-ZIP	ORLANDO, FL 32825	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GRIFFITH, ESTELLE	
5.3 STREET ADDRESS	2010 KEWANEE TRAIL	
5.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CROSS, CAROLYN	
6.3 STREET ADDRESS	2925 CULLEN LAKE SHORE DRIVE	
6.4 CITY-ST-ZIP	ORLANDO, FL 32812	

14. 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 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]* **Joyce Parker 4-13-98 295-2756**

CR2E037 (10/97)