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Apr 08, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 725308

1. Corporation Name
THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION

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| Principal Place of Business 800 N HWY 434, SUITE 1 C/O SEABURN, DOUGLAS S ALTAMONTE SPRINGS FL 32714 US | Mailing Address 800 N HWY 434, SUITE 1 C/O SEABURN, DOUGLAS S ALTAMONRE SPRINGS FL 32714 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/10/1973 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-6139922 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 |

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| 9. Name and Address of Current Registered Agent SEABURN, DOUGLAS S NORTHWOOD PROFESSIONAL CENTER 800 N HWY 434, SUITE 1 ALTAMONTE SPRINGS FL 32714 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE RD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PARKER, JOYCE | | 1.2 NAME | |
| STREET ADDRESS 1217 ELINORE DR | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32808 | | 1.4 CITY-ST-ZIP | |
| TITLE VRD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SVENSON, ELEANOR | | 2.2 NAME | |
| STREET ADDRESS 8301 GRANDA BLVD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32836 | | 2.4 CITY-ST-ZIP | |
| TITLE RSD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIS, GEROGIA | | 3.2 NAME | |
| STREET ADDRESS 3021 PEEL AVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32806 | | 3.4 CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CAMPBELL, KELLY | | 4.2 NAME | |
| STREET ADDRESS 1307 PINAR DR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32825 | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GRIFFITH, ESTELLE | | 5.2 NAME | |
| STREET ADDRESS 2010 KEWANEE TRL | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP CASSELBERRY FL 32707 | | 5.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CROSS, CAROLYN | | 6.2 NAME | |
| STREET ADDRESS 2925 CULLEN LAKE SHORE DR | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32812 | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-31-99 Offtime Phone #: 407/998-0433

CR2E037 (1-1/98)