

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90137 048 ****61.25

DOCUMENT # 725308

1. Entity Name

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



Principal Place of Business Mailing Address

800 N HWY 434, SUITE 1
C/O SEABURN, DOUGLAS S
ALTAMONTE SPRINGS FL 32714
US

800 N HWY 434, SUITE 1
C/O SEABURN, DOUGLAS S
ALTAMONRE SPRINGS FL 32714
US

34033642



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-6139922 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEABURN, DOUGLAS S
NORTHWOOD PROFESSIONAL CENTER
800 N HWY 434, SUITE 1
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO BOWEN, ROSALI 1255 DORCHESTER ST. ORLANDO FL 32803-1119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Treasurer MACLEAN, MARJORY 686 SELKIRK DRIVE WINTER PARK FL 32792-4640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Regent HAYNES, CATHERINE 11629 PEACH GROVE LANE ORLANDO FL 32821-7918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Vice Regent CAMPBELL, KELLY 1307 PINAR DR ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO POPE, HELEN 2993 WILD HORSE ROAD ORLANDO FL 32822-3687	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MERRIMAN, ALMEE 744 MEGAN ELISSA LN. ORLANDO FL 32819	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice Regent (2 VP) Hasler, Clare 608 Brechin Dr. Winter Park, FL 32792-4609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary (S) Baker, Patricia H 6913 Country Corner Lane Orlando, FL 32809-6078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registrar (D) MacIntosh, Elizabeth W. 531 Selkirk Dr Winter Park FL 32792-4635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T)(D) MacLean, Marjory P. 686 Selkirk Dr Winter Park, FL 32792-4640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regent (P) (D) Haynes, Catherine 11629 Peach Grove Lane Orlando, FL 32821-7918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Regent (VP) (D) Campbell, Kelly 1307 Pinar Dr Orlando, FL 32825-7814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjory P. MacLean* *May 1, 2004* *407-628-3381*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #