


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 011 ****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 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 ALTAMONTE SPRINGS, FL 32714 US		
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 59-6139922	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEABURN, DOUGLAS S NORTHWOOD PROFESSIONAL CENTER 800 N HWY 434, SUITE 1 ALTAMONTE SPRINGS, FL 32714			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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	R,PD	<input checked="" type="checkbox"/> Delete	TITLE	Regent / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES, CATHERINE		NAME	Hasler, Clare	
STREET ADDRESS	11629 PEACH GROVE LANE		STREET ADDRESS	608 Brechin Dr	
CITY-ST-ZIP	ORLANDO, FL 328217918		CITY-ST-ZIP	Winter Park FL 32792-4609	
TITLE	VRVP	<input checked="" type="checkbox"/> Delete	TITLE	Vice Regent / VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASLER, CLARE		NAME	MacIntosh, Elizabeth	
STREET ADDRESS	608 BRECHIN DR		STREET ADDRESS	531 Selkirk Dr	
CITY-ST-ZIP	WINTER PARK, FL 327924609		CITY-ST-ZIP	Winter Park, FL 32792-4635	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLEAN, MARJORY		NAME	Austin, Janis	
STREET ADDRESS	686 SELKIRK DRIVE		STREET ADDRESS	4701 Fort Knox Court	
CITY-ST-ZIP	WINTER PARK, FL 327924640		CITY-ST-ZIP	Orlando, FL 32822-7176	
TITLE		<input type="checkbox"/>	TITLE	Asst/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Marjory MacLean	
STREET ADDRESS			STREET ADDRESS	686 Selkirk Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, FL 32792-4640	
Change in officers from Block 10 to Block 11 takes place May 6, 2006! Marjory P. MacLean Treasurer, Orlando Chapter DAR			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <i>Marjory P. MacLean</i>					
SIGNATURE: <i>Marjory P. MacLean, Treasurer Orlando Chpt. DAR</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <i>4/11/06</i> Daytime Phone # <i>407-428-3381</i>	