2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725308

FILED Jul 14. 2008 Secretary of State

Entity Name: THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN

REVOLUTION

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-6139922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HASLER, CLARE MACINTOSH, ELIZABETH Name: Name: 608 BRECHIN DR Address: 531 SELKIRK DRIVE Address:

City-St-Zip: WINTER PARK, FL 327924609 City-St-Zip: WINTER PARK, FL 327924635

(X) Change () Addition Title: **VRVP** () Delete Title: **VRVP**

MACINTOSH, ELIZABETH Name: CAMPBELL, KELLY Name: Address: 531 SELKIRK DR Address: 14821 STONEBRIAR WAY City-St-Zip: WINTER PARK, FL 327924635 City-St-Zip: ORLANDO, FL 328265328

Title: () Delete Title: () Change () Addition

AUSTIN, JANIS Name: Name: 4701 FORT KNOX CT Address: Address: City-St-Zip: ORLANDO, FL 328227176 City-St-Zip:

Title: () Delete Title: () Change () Addition AT

Name: MACLEAN, MARJORY Name: Address: 686 SELKIRK DR Address: City-St-Zip: WINTER PARK, FL 327924640 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS C. AUSTIN Т 07/14/2008