

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 22, 2009
Secretary of State**

DOCUMENT# 725308

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

Current Principal Place of Business:

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

New Principal Place of Business:

4701 FORT KNOX COURT
ORLANDO, FL 32822 US

Current Mailing Address:

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

New Mailing Address:

4701 FORT KNOX COURT
ORLANDO, FL 32822 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:

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

Name and Address of New Registered Agent:

AUSTIN, JANIS C
4701 FORT KNOX COURT
ORLANDO, FL 32822 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: JANIS C. AUSTIN

11/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RP () Delete
Name: MACINTOSH, ELIZABETH
Address: 531 SELKIRK DRIVE
City-St-Zip: WINTER PARK, FL 327924635

Title: VRVP () Delete
Name: CAMPBELL, KELLY
Address: 14821 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 328265328

Title: T () Delete
Name: AUSTIN, JANIS
Address: 4701 FORT KNOX CT
City-St-Zip: ORLANDO, FL 328227176

Title: AT () Delete
Name: MACLEAN, MARJORY
Address: 686 SELKIRK DR
City-St-Zip: WINTER PARK, FL 327924640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VRVP (X) Change () Addition
Name: WOODS, CHRISTINE
Address: 3042 HOFFNER AVENUE
City-St-Zip: ORLANDO, FL 328121062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

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11/22/2009

Electronic Signature of Signing Officer or Director

Date