

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3: 36

DOCUMENT # N47535 (2)
1. Corporation Name
FLORIDA DIVISION, UNITED DAUGHTERS OF THE CONFEDERACY, INC.

Principal Place of Business Mailing Address
3708 PATTEN AVE ARCHIVES BUILDING ELLENTON FL 34222
668 N. ORLANDO AVENUE SUITE 105 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1992 3a. Date of Last Report 04/18/1994
4. FEI Number 59-6200502 Applied For Not Applicable
5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26 912 Center Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 Ocoee, FL
Zip Country Zip Country
24 25 29 30 34761-2325 U.S.A.

9. Name and Address of Current Registered Agent
SICHEL, BARBARA E.
668 N ORLANDO AVE
SUITE 105
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name Tanya C. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 912 Center Street
83
84 City Ocoee FL 85 Zip Code 34761-2325

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE Tanya C. Miller *Tanya C. Miller (Treasurer/Director)* March 15, 1995
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLY, MRS JAMES F JR
STREET ADDRESS	327 COLUMBO CIRCLE
CITY - ST - ZIP	ORLANDO FL 32804
TITLE	DS
NAME	LIKINS, MRS ROY
STREET ADDRESS	204 MOODY BLVD
CITY - ST - ZIP	FLGLER BEACH FL 32136
TITLE	TD
NAME	SICHEL, BARBARA E
STREET ADDRESS	668 N. ORLANDO AVENUE, #105
CITY - ST - ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mrs. Gwen H. Hadden	
1.3 STREET ADDRESS	2444 E. Jersey Street	
1.4 CITY - ST - ZIP	Orlando, FL 32806	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mrs. Jolene Bohanon	
2.3 STREET ADDRESS	41 Bohanon Road	
2.4 CITY - ST - ZIP	Venus, FL 33960	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tanya C. Miller	
3.3 STREET ADDRESS	912 Center Street	
3.4 CITY - ST - ZIP	Ocoee, FL 34761-2325	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Tanya C. Miller *Tanya C. Miller* March 15, 1995 (407) 836-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Here