

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47535** (2)

1. Corporation Name
FLORIDA DIVISION, UNITED DAUGHTERS OF THE CONFED ERACY, INC.



Principal Place of Business
**3708 PATTEN AVE
ARCHIVES BUILDING
ELLENTON FL 34222**

Mailing Address
**912 CENTER ST
OCOOEE FL 34761
US**

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **Rt. 1 Box 21-AD**

4. FEI Number **59-6200502** Applied For Not Applicable

22 City & State 27 Suite, Apt. #, etc.

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

23 City & State 28 **Bunnell, FL**

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

24 Zip 25 Country 29 **32110** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MILLER, TANYA C.
912 CENTER ST
OCOOEE FL 34761**

10. Name and Address of New Registered Agent
81 Name **Rita P. Zimmerle**
82 Street Address (P.O. Box Number is Not Acceptable) **481 Opossum Lane**
83 **Rt.1 Box 21-AD**
84 City **Bunnell** 85 Zip Code **FL 32110**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Rita P. Zimmerle, Treasurer** *Rita P. Zimmerle* **April 17, 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDEN, GWEN H.	1.2 NAME	
STREET ADDRESS	2444 E. JERSEY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANON, JOLENE	2.2 NAME	
STREET ADDRESS	41 BOHANON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENUS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TANYA C.	3.2 NAME	Rita P. Zimmerle
STREET ADDRESS	912 CENTER ST	3.3 STREET ADDRESS	Rt.1 Box 21-AD
CITY-ST-ZIP	OCOOEE FL	3.4 CITY-ST-ZIP	Bunnell, FL 32110
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: **Rita P. Zimmerle** *Rita P. Zimmerle* **4/17/96 (904-437-2344)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)