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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: RT 1 BOX 21-AD, BUNNELL FL 32110-9606, US

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-6200502
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: RITA P. ZIMMERLE, 481 OPOSSOM LANE, RT 1 BOX 21-AD, BUNNELL, FL 32110

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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* Rita P. Zimmerle DATE: 3/21/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HADDEN, GWEN H.	
STREET ADDRESS	2444 E. JERSEY ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOHANON, JOLENE	
STREET ADDRESS	41 BOHANON RD	
CITY-ST-ZIP	VENUS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RITA P. ZIMMERLE	
STREET ADDRESS	RT 1 BOX 21-AD	
CITY-ST-ZIP	BUNNELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Marilyn V. King	
1.3 STREET ADDRESS		302 N. Cherry St.	
1.4 CITY-ST-ZIP		Bunnell, FL 32110	
2.1 TITLE	D	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Jamie D. Likins	
2.3 STREET ADDRESS		37 Weldon Way	
2.4 CITY-ST-ZIP		Palm Coast, FL 32137	
3.1 TITLE	D	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Rita P. Zimmerle	
3.3 STREET ADDRESS		Rt. 1 Box 21-AD	
3.4 CITY-ST-ZIP		Bunnell, FL 32110	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Marilyn V. King* MARYLYN V. King DATE: 3/21/97

CR2E037 (9/96)