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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N47535**

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  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/24/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-6200502

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RITA P. ZIMMERLE**  
**481 OPOSSOM LANE**  
**RT 1 BOX 21-AD**  
**BUNNELL FL 32110**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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  DELETE  
 NAME KING, MARILYN V  
 STREET ADDRESS 302 N CHERRY ST  
 CITY-ST-ZIP BUNNELL FL

1.1 TITLE President  Change  Addition  
 1.2 NAME Sue F. Cowger  
 1.3 STREET ADDRESS 1022 Lothian Dr.  
 1.4 CITY-ST-ZIP Tallahassee, FL 32312

TITLE SD  DELETE  
 NAME LKINS, JAMIE D  
 STREET ADDRESS 37 WELDON WAY  
 CITY-ST-ZIP PALM COAST FL

2.1 TITLE Meta R. Parkinson  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 4547 Merson Lane  
 2.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE TD  DELETE  
 NAME ZIMMERLE, RITA P  
 STREET ADDRESS RT 1 BOX 21-AD  
 CITY-ST-ZIP BUNNELL FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Rita P. Zimmerle*

Rita P. Zimmerle, Treasurer

4/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)