


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47535**


1. Entity Name  
 FLORIDA DIVISION, UNITED DAUGHTERS OF THE CONFEDERACY, INC.



Principal Place of Business  
 3708 PATTON AVE  
 ARCHIVES BUILDING  
 ELLENTON, FL 34222

Mailing Address  
 8 MITCHELL CT  
 ORANGE PARK, FL 32073 US

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6200502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

HENDRIX, DIANE E  
 8 MITCHELL CT.  
 ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

000000100682  
 04/01/04-80017-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HENDRIX, DIANE E 8 MITCHELL CT. ORANGE PARK, FL 320735935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARKINSON, META MRS 4547 MERSON LANE JACKSONVILLE, FL 322054171
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTILE, NORA F 3627 COUNTY ROAD 218 E. MIDDLEBURG, FL 320685705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONNER, JAMES H MR 1031 NORTH RANGE ROAD COCOA, FL 329265329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane E Hendrix 4/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904 541 0609  
Daytime Phone #