

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 22, 2008
Secretary of State**

DOCUMENT# N47535

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

Current Principal Place of Business:

3708 PATTON AVE
ARCHIVES BUILDING
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

4547 MERSON LANE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-6200502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKINSON, META H
4547 MERSON LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PARKINSON, META H
Address: 4547 MERSON LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: BROWN, ANN B
Address: 393 NW OVERFLOW LAKE DR
City-St-Zip: LAKE CITY, FL 32055 US

Title: SD () Delete
Name: CROSBY, GAIL
Address: 2916 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: META H. PARKINSON

Electronic Signature of Signing Officer or Director

TREA

07/22/2008

Date