## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47535

FILED Mar 22, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3708 PATTON AVE ARCHIVES BUILDING ELLENTON, FL 34222

Current Mailing Address: New Mailing Address:

4547 MERSON LANE 3674 CAVANAUGH DR

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32277 US

FEI Number: 59-6200502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKINSON, META H

4547 MERSON LANE

BRAGG, JOANN W

3674 CAVANAUGH DR

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32277 US

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: JOANN W. BRAGG 03/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD ( ) Delete Title: TD (X) Change( ) Addition

Name: PARKINSON, META H Name: BRAGG, JOANN W
Address: 4547 MERSON LANE Address: 3674 CAVANAUGH DR

City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32277 US

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: BROWN, ANN B Name: CONNER, LAURA B

 Name:
 BROWN, ANN B
 Name:
 CONNER, LAURA B

 Address:
 393 NW OVERFLOW LAKE DR
 Address:
 1031 NORTH RANGE ROAD

 City-St-Zip:
 LAKE CITY, FL 32055 US
 City-St-Zip:
 COCOA, FL 32926 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CROSBY, GAIL
 Name:
 JONES, SHIRLEY G

 Address:
 2916 W HARBOR VIEW AVE
 Address:
 8256 SQUIRE ROAD

 City-St-Zip:
 TAMPA, FL 33611 US
 City-St-Zip:
 PENSACOLA, FL 32514 US

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: JOANN W. BRAGG TD 03/22/2009