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Feb 17 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 # N96000006231 (2)

1. Corporation Name

ABIGAIL BARTHOLOMEW CHAPTER, DAUGHTERS OF THE AMERICAN REVOLUTION, INC.



Principal Place of Business

Mailing Address

MARY ALICE COUNCIL
103 ALANWOOD DR
ORMOND BEACH FL 32174

MARY ALICE COUNCIL
103 ALANWOOD DR
ORMOND BEACH FL 32174-6005

3. Date Incorporated or Qualified
12/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-6153545

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH FL 32114

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 D COUNCIL, MARY ALICE
NAME COUNCIL, MARY ALICE
STREET ADDRESS 103 ALANWOOD DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D MASON, LORENA
NAME MASON, LORENA
STREET ADDRESS 111 S ATLANTA AVE
CITY-ST-ZIP ORMOND BEACH FL 32176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD BUCKMAN, MARY
NAME BUCKMAN, MARY
STREET ADDRESS 18 CEDAR IN THE WOOD
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE TD LUNDE, BARBARA
NAME LUNDE, BARBARA
STREET ADDRESS 39 PINE IN THE WOODS
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE D JAMES, ANNE
NAME JAMES, ANNE
STREET ADDRESS 4856 SAILFISH DR
CITY-ST-ZIP PONCE INLET FL 32127

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(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.

SIGNATURE: Mary Alice Council
Mary Alice Council

10 Feb 1997

904-672-2217

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