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FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006231 (2)

1. Corporation Name
ABIGAIL BARTHOLOMEW CHAPTER, DAUGHTERS OF THE AMERICAN REVOLUTION, INC.

Principal Place of Business %MARY ALICE COUNCIL 103 ALANWOOD DR ORMOND BEACH FL 32174	Mailing Address %MARY ALICE COUNCIL 103 ALANWOOD DR ORMOND BEACH FL 32174
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3. Date Incorporated or Qualified
12/06/1996

4. FEI Number
59-6153545

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUNCIL, MARY ALICE	
STREET ADDRESS	103 ALANWOOD DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASON, LORENA	
STREET ADDRESS	111 S ATLANTA AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUCKMAN, MARY	
STREET ADDRESS	16 CEDAR IN THE WOOD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNDE, BARBARA	
STREET ADDRESS	39 PINE IN THE WOODS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, ANNE	
STREET ADDRESS	4856 SAILFISH DR	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Council, Mary Alice	
1.3 STREET ADDRESS	(same)	
1.4 CITY-ST-ZIP		
2.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Babb, Mary	
2.3 STREET ADDRESS	66 Oak-in-the Wood	
2.4 CITY-ST-ZIP	Daytona Beach FL 32119	
3.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Buckman, Mary	
3.3 STREET ADDRESS	(same)	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 Buckman* **SIGNATURE REQUIRED** *1/7/1998 904-672-2217*

CR2E037 (10/97)