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Jan 23, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-23-1999 90049 048 *****61.25

DOCUMENT # N96000006231

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/06/1996

22 City & State

27 City & State

4. FEI Number
 59-6153545

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

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

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

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

TITLE VD DELETE
 NAME BABB, MARY
 STREET ADDRESS 66 OAK-IN-THE WOOD
 CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE PD DELETE
 NAME BUCKMAN, MARY
 STREET ADDRESS 16 CEDAR IN THE WOOD
 CITY-ST-ZIP DAYTONA BEACH FL 32119

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

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)(l), 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, with all other like empowered.

SIGNATURE: *Mary Alice Council* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 1999 904-672-2217

Date

Daytime Phone #

CR2E037 (1/98)