


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006231

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



Principal Place of Business %EILEEN KABATH 94 OXBOW TRAIL ORMOND BEACH, FL 32174 US	Mailing Address %EILEEN KABATH 94 OXBOW TRAIL ORMOND BEACH, FL 32174 US
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-8153545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

000000191201
 01/24/05-80164-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, CAROLYN 1200 SIESTA KEY CIRCLE PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREGER, BETTY 1003 INDIAN OAKS DR. W HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIEDEL, JOSIE 112 OREBE COURT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KABATH, EILEEN 94 OXBOW TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDENBURG, ADEL 341 MORNINGSIDE AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCKMAN, MARY 16 CEDAR-IN-THE-WOODS PORT ORANGE, FL 32129

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen Kabath* **EILEEN KABATH** *Jan 19 2005 386 673-748*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #