FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN -2 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721714 (4)

1. Corporation Name

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AM ERICA IN THE STATE OF FLORIDA

Principal Place of Business	Mailing Address
4114 HERSCHEL ST #109 JACKSONVILLE FL 32210	4114 HERSCHEL ST #109 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1971
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1218883 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOODY, MARCY M
3664 RICHMOND ST.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, MARCY M.	1.2 NAME	
STREET ADDRESS	3664 RICHMOND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	VD ☒ Change ☒ Addition
NAME	FORD, VICTORIA I.	2.2 NAME	Pattillo, Sassy
STREET ADDRESS	2909 ST. JOHNS AVE. #28	2.3 STREET ADDRESS	4902 Apache Ave
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D	3.1 TITLE	VD ☒ Change ☒ Addition
NAME	SHAY, CYNTHIA T.	3.2 NAME	Darby, Lucy W.
STREET ADDRESS	5122 ARAPAHOE AVE.	3.3 STREET ADDRESS	919 Greenridge Rd
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	SD	4.1 TITLE	SD ☒ Change ☒ Addition
NAME	KNAUER, MRS. W. JEROME	4.2 NAME	Mahoney, Eleanor E.
STREET ADDRESS	4145 ORTEGA BLVD	4.3 STREET ADDRESS	2651 Iroquois Ave
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	SD	5.1 TITLE	SD ☒ Change ☒ Addition
NAME	GRAVES, TAYLOE L.	5.2 NAME	Brundick, Betty
STREET ADDRESS	4216 CHIPPEWA DR.	5.3 STREET ADDRESS	4804 Arapahoe Ave
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D	6.1 TITLE	D ☒ Change ☒ Addition
NAME	PATTILLO, MRS. CHARLES E	6.2 NAME	Morrow, Sara
STREET ADDRESS	4902 APACHE AVENUE	6.3 STREET ADDRESS	2549 Red Fox Road
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Orange Park, FL 32073

JP 7/15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marcy M Moody Marcy M. Moody, President 5/30/95 904-384-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021404