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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

12/06/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6153545

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

DELETE

1.1 TITLE

Change Addition

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

DELETE

2.1 TITLE

Change Addition

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

DELETE

3.1 TITLE

Change Addition

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

DELETE

4.1 TITLE

Change Addition

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

DELETE

5.1 TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

Change Addition

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:

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)