2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006231

FILED Feb 06, 2006 Secretary of State

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

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
%EILEEN 94 OXBOV	KABATH		JS				
Current Mailing Address:				New Maili	New Mailing Address:		
%EILEEN 94 OXBOV ORMOND		32174 L	JS				
FEI Number:	: 59-6153545	FEI Num	ber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Re	egistered Agent:	Name and	Address of N	New Registered Agent:	
PALMETT	O CHARTER S	SERVICES	S. INC.				
150 MAGN	50 MAGNOLIA AVE DAYTONA BEACH, FL 32114 US						
DATE ON P	VDEAOH, LEV	JZ 1 14 (J-0				
	named entity see of Florida.	submits th	is statement for the p	urpose of changing	its registered o	office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				nt		Date	
OFFICER	S AND DIREC	TORS:		ADDITION	NS/CHANGES	TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SD () MILLER, CARO 1200 SIESTA K PORT ORANGE	EY CIRCLE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () DREGER, BET 1003 INDIAN O HOLLY HILL, F	AKS DR. W		Title: Name: Address: City-St-Zip:	PD (X JOHNSON, CH. 239 OCEAN SH ORMOND BEA	HORE BLVD	
Title: Name: Address: City-St-Zip:	VD () RIEDEL, JOSIE 112 OREBE CO DAYTONA BEA	DURT	19	Title: Name: Address: City-St-Zip:	VD (X SMITH, SHARC 36295 S PENN PORT ORANGI	INSULA DR	
Title: Name: Address: City-St-Zip:	TD () KABATH, EILEE 94 OXBOW TR ORMOND BEAG	AIL	74	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () FREDENBURG 341 MORNING DAYTONA BEA	SIDE AVE	18	Title: Name: Address: City-St-Zip:) Change ()Addition	
	D ()) Delete		Title: Name:	D (X SPONENBURG) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN KABATH TRES 02/06/2006