


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90100 050 ****61.25

DOCUMENT # 721714 1. Entity Name THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA					
Principal Place of Business 4114 HERSCHEL ST #109 JACKSONVILLE, FL 32210			Mailing Address 4114 HERSCHEL ST #109 JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, NADIA N 4448 ORTEGA BLVD JACKSONVILLE, FL 32210				Name Corneha Chambers Street Address (P.O. Box Number is Not Acceptable) 814 S Waterman Rd City Jacksonville FL Zip Code 32207	
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 <u><i>Corneha D Chambers</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>1/15/07</i></u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, NADIA N 4448 ORTEGA BLVD JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Foerster, Margaret 5023 Yacht Club Rd JAX FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, CATHERINE L 4930 MORVEN RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE STILL 10111 Windward Way N JAX FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATKINS, KAY 5126 YACHT CLUB RD. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Davis, Catherine 4930 Morven Rd JAX FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBBS, ANN D 5005 YACHT CLUB ROAD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Chappell, Jerry 4337 Duval Dr Jax Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERS, CORNEHA 814 S. WATERMAN RD. JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chambers, Corneha 814 S. Waterman Rd JAX FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKINSON, EDNA 1199 BEACH AVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dickinson, Edna 1199 Beach Ave Atlantic Beach, FL 32233	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Corneha D Chambers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u><i>1/15/07</i></u> 904 396 5126 <small>Date Daytime Phone #</small>	

ACC 5030