

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 035 ****61.25

DOCUMENT # N96000006231.

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



Principal Place of Business Mailing Address
EILEEN KABATH Laura Schwartz Same
94 OXBOW TRAIL 234 Breeburn Cir. 94 OXBOW TRAIL
ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US
Daytona Beach FL 32114



03192007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-6153545 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	Weitz, Janice
STREET ADDRESS	584 Sandy Palm Dr
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	PD
NAME	JOHNSON, CHARLA
STREET ADDRESS	239 OCEAN SHORE BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VD
NAME	SMITH, SHARON W
STREET ADDRESS	36295 S PENINSULA DR
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	TD
NAME	Schwartz Laura
STREET ADDRESS	KABATH, EILEEN 234 Breeburn Circle
CITY-ST-ZIP	94 OXBOW TRAIL Daytona Beach FL 32114
TITLE	D
NAME	FREDENBURG, ADEL
STREET ADDRESS	341 MORNINGSIDE AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	BRONENBURG, LINDA Malo Ann
STREET ADDRESS	1200 COUNTRY ROAD 140 912 Fruitwood Place
CITY-ST-ZIP	BUNNELL, FL 32110 Port Orange FL 32127

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IN THIS SPACE**

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: Laura W. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-2007
Date Daytime Phone #