

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 041 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**

01102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-1218883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CHAMBERS, CORNELIA  
814 S WATERMAN RD  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FOESTER, MARGERET
STREET ADDRESS	5023 YACHT CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD
NAME	DAVIS, CATHERINE L
STREET ADDRESS	4930 MORVEN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	STILL, JANE
STREET ADDRESS	10111 WINDWARD WAY N
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	SD
NAME	CHAPPELL, JERRY
STREET ADDRESS	4337 DUVAL DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T
NAME	CHAMBERS, CORNEHA
STREET ADDRESS	814 S. WATERMAN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	DICKINSON, EDNA
STREET ADDRESS	1199 BEACH AVE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #