2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008
Secretary of State

DOCUMENT# N96000006231

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

Current Principal Place of Business:

%LAURA SCHWARTZ
234 BRAEBURN CIR.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

%LAURA SCHWARTZ
234 BRAEBURN CIR.
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-6153545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: WEITZ, JANICE
Address: 584 SANDY PALM DR
City-St-Zip: PORT ORANGE, FL 32127

Title: PD ( ) Delete
Name: JOHNSON, CHARLA
Address: 239 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD ( ) Delete
Name: SMITH, SHARON W
Address: 36295 S PENNINSULA DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD ( ) Delete
Name: SCHWARTZ, LAURA
Address: 234 BRAEBURN CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: FREDENBURG, ADEL
Address: 341 MORNINGSIDE AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: MALO, ANN
Address: 912 FRIUTWOOD PLACE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA W SCHWARTZ TR. 06/13/2008

Electronic Signature of Signing Officer or Director — Date