

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-29-2003 90291 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 721714

1. Entity Name

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA



Principal Place of Business

Mailing Address

4114 HERSCHEL ST #109
JACKSONVILLE FL 32210

4114 HERSCHEL ST #109
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1218883

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORROW, SARA W
2549 RED FOX ROAD
ORANGE PARK FL 32073

Name

Hager, Anne P. *Anne P. Hager*
Street Address (P.O. Box Number is Not Acceptable)
505 Lancaster St #5D

City

Jacksonville

FL

Zip Code
32205

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

Anne P. Hager

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

(NOTE: Registered Agent signature required when reappointing)

January 23, 2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORROW, SARA W 2549 RED FOX RD ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STILL, JANE 10111 WINWARD WAY N JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATKINS, KAY 5128 YACHT CLUB RD. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSEN, ELIZABETH 4002 MC GRITS BLVD JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORTSON, KATHRYN R 3875 ORTEGA BLVD JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRVING, ALICE 4618 APACHE AVE. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hager, Anne P. 505 Lancaster St #5D Jacksonville FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tomlinson, Suzanne S. 1890 Shadowlawn St Jacksonville FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gibbs, Ann D. 5005 Yacht Club Rd Jacksonville FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ludwig, Diane K. 4718 Arapahoe Ave. Jacksonville FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED *Diane K. Ludwig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)