

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721714

**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**8828243275CC**

**Entity Name:** THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF FLORIDA

**Current Principal Place of Business:**

4114 HERSCHEL ST #109  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4114 HERSCHEL ST #109  
JACKSONVILLE, FL 32210

**FEI Number:** 59-1218883

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOODY, MARCY MASON  
4114 HERSCHEL ST #109  
JACKSONVILLE, FL 32210 US

*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:** MARCY MASON MOODY

03/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GIPPE, LAGRANGE PRESIDENT  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

Title            VP  
Name            FREEMAN, LESLIE  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

Title            TREASURER  
Name            BLISS, FLORENCE RAMSEY  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

Title            VP  
Name            FRAZIER, CAROLINE  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

Title            ASSISTANT TREASURER  
Name            FORD, VICTORIA INGRAHAM  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

Title            RECORDING SECRETARY  
Name            HELWIG, PAT  
Address        4114 HERSCHEL ST #109  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** FLORENCE RAMSEY BLISS

**TREASURER**

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date