

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721714

**FILED**  
**Jan 07, 2017**  
**Secretary of State**  
**CC1241095686**

**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:**

LAPRADE, WENDY D  
1036 ARBOR LANE  
JACKSONVILLE, FL 32207 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: WENDY D. LAPRADE

01/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GIPPE, LAGRANGE  
Address        4111 TOBIN DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title            VP  
Name            COURTNEY, OWENE  
Address        2687 HOLLY POINT ROAD  
City-State-Zip: ORANGE PARK FL 32073

Title            T  
Name            LAPRADE, WENDY D  
Address        1036 ARBOR LANE  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            BALL, ANNE  
Address        325 TIVOLI STREET  
City-State-Zip: JACKSONVILLE FL 32205

*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: WENDY LAPRADE

TREASURER

01/07/2017

Electronic Signature of Signing Officer/Director Detail

Date