

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721714

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