## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#725308** 

FILED Nov 22, 2009 Secretary of State

Entity Name: THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN

REVOLUTION

Current Principal Place of Business: New Principal Place of Business:

800 N HWY 434, SUITE 1 C/O SEABURN, DOUGLAS S ALTAMONTE SPRINGS, FL 32714 US 4701 FORT KNOX COURT ORLANDO, FL 32822 US

Current Mailing Address:

New Mailing Address:

800 N HWY 434, SUITE 1 C/O SEABURN, DOUGLAS S ALTAMONTE SPRINGS, FL 32714 US 4701 FORT KNOX COURT ORLANDO, FL 32822 US

FEI Number: 59-6139922

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:

Name and Address of New Registered Agent:

SEABURN, DOUGLAS S NORTHWOOD PROFESSIONAL CENTER 800 N HWY 434, SUITE 1 ALTAMONTE SPRINGS, FL 32714 US AUSTIN, JANIS C 4701 FORT KNOX COURT ORLANDO, FL 32822 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: JANIS C. AUSTIN

11/22/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 RP
 ( ) Delete

 Name:
 MACINTOSH, ELIZABETH

 Address:
 531 SELKIRK DRIVE

 City-St-Zip:
 WINTER PARK, FL 327924635

 Title:
 VRVP
 ( ) Delete

 Name:
 CAMPBELL, KELLY

 Address:
 14821 STONEBRIAR WAY

 City-St-Zip:
 ORLANDO, FL 328265328

 Title:
 T
 ( ) Delete

 Name:
 AUSTIN, JANIS

 Address:
 4701 FORT KNOX CT

 Title:
 AT ( ) Delete

 Name:
 MACLEAN, MARJORY

 Address:
 686 SELKIRK DR

City-St-Zip:

City-St-Zip: WINTER PARK, FL 327924640

ORLANDO, FL 328227176

Title: ( ) Change ( ) Addition

Title: VRVP (X) Change ( ) Addition Name: WOODS, CHRISTINE Address: 3042 HOFFNER AVENUE

Address: 3042 HOFFNER AVENUE
City-St-Zip: ORLANDO, FL 328121062
Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

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: JANIS C. AUSTIN T