

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90039 028 \*\*\*\*70.00

**DOCUMENT # 754060**

1. Entity Name

**SARA DE SOTO CHAPTER OF THE NATIONAL SOCIETY  
OF THE DAUGHTERS OF THE AMERICAN REVOLUTION**



Principal Place of Business

**1232 12TH STREET  
SARASOTA FL 34236**

Mailing Address

**3916 GLEN OAKS MANOR DRIVE  
SARASOTA FL 34232-1035**

2. Principal Place of Business

3. Mailing Address

**2207 OAK FORD ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**SARASOTA, FLORIDA 34240**

4. FEI Number

**59-6153056**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34240-7512**

**SARASOTA**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLAND, EVELYNN L  
3916 GLEN OAKS MANOR DRIVE  
SARASOTA FL 34232-1035**

Name

**AACH, BEVERLY WADE**

Street Address (P.O. Box Number is Not Acceptable)

**2207 OAK FORD ROAD**

City

**SARASOTA**

**FL**

Zip Code

**34240-7512**

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

*Beverly Wade Aach*

**BEVERLY WADE AACH, TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	RGTD VAN HELDEN, CAROL 6341 PEACOCK ROAD SARASOTA FL 34242-2516	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOE, EVELYN 6606 11TH AVENUE WEST BRADENTON FL 34209-4021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HOLLAND, EVELYNN L 3916 GLEN OAKS MANOR DRIVE SARASOTA FL 34232-1035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT WISNER, DOROTHY 5998 HIBISCUS DRIVE BRADENTON FL 34207-4455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZOLL, YVONNE 3046 - 22ND STREET SARASOTA FL 34234-8742	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RGTD VAN HELDEN, CAROLYN 6341 PEACOCK ROAD SARASOTA, FL 34242-2616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LUKER, CHARLENE 5847 SANDY POINTE DR. SARASOTA FL 34233-3515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AACH, BEVERLY WADE 2207 OAK FORD ROAD SARASOTA, FL 34240-7512	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT WILLIAMS, LINDASUE 6519 WUBDJAMMER PL BRADENTON FL 34202-2279	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

*Beverly Wade Aach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEVERLY WADE AACH**

**371-6282**

Date 2/20/04

Daytime Phone #