

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754060

FILED  
Feb 06, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1232 12TH STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

6945 COUNTRY LAKES CIRCLE  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 59-6153056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AACH, BEVERLY W  
6945 COUNTRY LAKES CIRCLE  
SARASOTA, FL 34243 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: RGTD ( ) Delete  
Name: VAN HELDEN, CAROL  
Address: 6341 PEACOCK ROAD  
City-St-Zip: SARASOTA, FL 342422616

Title: RS ( ) Delete  
Name: MCFATE, MARY LOU  
Address: 8052 DESOTO WOODS DR.  
City-St-Zip: SARASOTA, FL 342433062

Title: TT ( ) Delete  
Name: BLAUSTEN, MARILYN  
Address: 5234 FAR OAK CIRCLE  
City-St-Zip: SARASOTA, FL 342383304

Title: TD ( ) Delete  
Name: AACH, BEVERLY WADE  
Address: 6945 COUNTRY LAKES CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete  
Name: HERMAN, JUDY  
Address: 5096 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: RT ( ) Delete  
Name: RITENOUR, RUTH  
Address: 5577 CARE LEYTE DR.  
City-St-Zip: SARASOTA, FL 342421811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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: BEVERLY WADE AACH

T

02/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date