2-20-95 B-1383-XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

XC KJ

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:23

DOCUMENT # 770729 (2)

1. Corporation Name

THE NATIONAL SOCIETY OF WASHINGTON FAMILY DESCENDANTS, INC.

Principal Place of Business	Mailing Address
DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124	DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1983
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2344608 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JETT, ROBERT S., JR.
325 JOHN KNOX RD.
SUITE D-102
TALLAHASSEE FL 32303-1158

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	REIVER, CAROLYN J.	1.2 NAME	
STREET ADDRESS	75 WOODLAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	1.4 CITY-ST-ZIP	WASHINGTON, JOHN A. 4208 ROSEMARY ST. CHEVY CHASE, MD
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	JETT, ROBERT S., JR.	2.2 NAME	THOMAS, WILMA
STREET ADDRESS	325 JOHN KNOX RD D102	2.3 STREET ADDRESS	607 E. FIRST ST.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	BELZONI, MS 39038
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	WASHINGTON, JOHN A.	3.2 NAME	SHAFFNER, MARY K.
STREET ADDRESS	4208 ROSEMARY ST.	3.3 STREET ADDRESS	1602 REVERE DR.
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	ALEXANDRIA, VA 22308
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	HICKS, AUDEL H.	4.2 NAME	LYBRAND, ELMER E.
STREET ADDRESS	1160 E. ELMWOOD AVE	4.3 STREET ADDRESS	1800 ADVENTURE DR.
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP	PINE BLUFF, AR 71603
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FORD, HOWARD R.	5.2 NAME	
STREET ADDRESS	1525 MINUTEMAN CAUSEWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	DAVERSA, GERTRUDE (MRS.)	6.2 NAME	RAABE, VICTORIA
STREET ADDRESS	802 JAMESTOWN ROAD	6.3 STREET ADDRESS	PURCELLVILLE RT 3, BOX 220, NA
CITY-ST-ZIP	WILLIAMSBURG VA	6.4 CITY-ST-ZIP	PURCELLVILLE, VA 22132

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 15 FEB 1995 407 784 3664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOWARD R. FORD, TD

0027716