

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

10/13/1983

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2344608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME WASHINGTON, JOHN A.  
STREET ADDRESS 4208 ROSEMARY ST.  
CITY-STATE-ZIP CHEVY CHASE MD

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE  
NAME THOMAS, WILMA  
STREET ADDRESS 607 E. FIRST ST.  
CITY-STATE-ZIP BELZONI MS

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE  
NAME SHAFFNER, MARY K.  
STREET ADDRESS 1602 REVERE DR.  
CITY-STATE-ZIP ALEXANDRIA VA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE  
NAME LYBRAND, ELMER F.  
STREET ADDRESS 3800 ADVENTURE DR.  
CITY-STATE-ZIP PINE BLUFF AR

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE  
NAME FORD, HOWARD R.  
STREET ADDRESS 1525 MINUTEMAN CAUSEWAY  
CITY-STATE-ZIP COCOA BEACH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE  
NAME RAABE, VICTORIA  
STREET ADDRESS RT 3 BOX 220 N/A  
CITY-STATE-ZIP PURCELLVILLE VA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 1996 407 784 3664  
Date Daytime Phone #

CR2E037 (12/95)