FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1	996

DOCUMENT #
1. Corporation Name

770729

(2)

THE NATIONAL SOCIETY OF WASHINGTON FAMILY DESCENDANTS, INC.

DESCENDANTS. INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124 TALLAHASSEE FL 32315-0124 TALLAHASSEE FL 32315-0124 3. Date Incorporated or Qualified 10/13/1983 02/20/1995 10/13/1983 02/20/1995										
POST OFFICE BOX 3124 TALLAMASSEE FL 32015-0124 2. Principal Place of Business 2. A Marking Address 2. Principal Place of Business 3. A Marking Address 3. Suite. April 6. Suite. Suite. Suite. Suite. April 6. Suite. Suite. Suite. April 6. Suite. Su	Principal Place	of Business	Mailing Address						11811 61811 61811 1861	
TALLAHASSEE FL 32915-0124 TALLAHASSEE FL 32915-0124 S. Date incorporated or Qualified 10/13/1983 S. Date of Last Paport CQ/20/1985 Paport CQ/20/1985 S. Paportal Paport	DESCENDANTS, INC. DESCENDANTS, INC.									
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2. Process 2.8 Milling Additions 3. 4. FEI Number 5.9-2344608 Not Applied For Not Applie	INLLAMASSE	E FL 32315-0124	INFRAUMOSEE LE 3531	3-0124			· ·		•	
Section Sect		· · · · · · · · · · · · · · · · · · ·						02/20)/1995	
Suite April Apri		ace of Business	 1							
22	21 Curto And	H ata					59-2344608	•		
City & State Country Zip Country Zip		#, etc.	 1				1 5. Certificate of Status Desired 1 1			
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Section Sect	24	25		30				Yes No	. d. 105.002,	
SECONDATIONS SUPERATIONS STATE SECONDATION SUPERATIONS STATE SECONDATION SUPERATIONS SECONDATION SUPERATIONS SECONDATION		Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agent		
SUME DATE 1002 11.					81	Name				
SUME DATE 1002 11.	JETT, RO	OBERT S., JR.		}	82	Street Addr	ess (P.O. Box Number is Not Acceptable	}		
SUITE D-102 TALLHANSSEE FL 32303-1158					ا-"	OF COL MOOR	cos e rai Dan i da noci la compania	•		
TALLAHASSEE FL 32303-1158 11. Parsaint in the provisions of Sections 617 0502 and 617 0500 and					83					
The provisions of Sections 617,0502 and 617,1508, Fioridis Statutes, this above named corporation submits this statement for the purpose of changing its registered algebra. I are repostered agent, or both, in this State of Fonds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algebra. I are repostered agent, or both, in this State of Fonds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algebra. I are repostered agent. I				}	94	City		láci	7in Code	
BY THE PATHET AND PASS AND SERVER FOR SALE OF Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiary with, and accept the obligations of, section 617.0005, Horidas Stalutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.					•	City		FL °°	Zip Gode	
SIGNATURE Sign	11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abo	ve n	amed corpor	ation submits this statement for the purp	ose of changing	its registered office	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12	familiar wi	th, and accept the obligations of, Secti	ion 617.0503, Florida Statutes	ed by the c s.	xorpx.	oration s boar	d or directors. I hereby accept the appoil	ntment as registi	ered agent. I am	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12	SIGNATURE									
TITLE					Agent	signature required	 _			
NAME WASHINGTON, JOHN A. 12 NAME 13 STREET ADDRESS 4208 ROSEMARY ST. 13 STREET ADDRESS 14 CITY-ST-ZP CHEYY CHASE MD						r	ADDITIONS/CHANGES TO OFFIC			
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CITY-ST-ZIP						ADDRESS	:			
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CITY-ST-ZIP PURCELLEVILLE VA 64 CITY-ST-ZIP						ADDRESS				
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										
		by certify that the information supplied is	with this filing is voluntarily furr				or the exemption stated in Section 119.0	7(3)(k), Florida S	atutes. 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 12 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

CR2F037 (12/9