

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124  
Mailing Address: DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124

3. Date Incorporated or Qualified: 10/13/1983  
3a. Date of Last Report: 02/02/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2344608	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

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
85	Zip Code

FL

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JOHN A.	1.2 NAME	
STREET ADDRESS	4208 ROSEMARY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	1.4 CITY-ST-ZIP	
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILMA	2.2 NAME	
STREET ADDRESS	607 E. FIRST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELZONI MS	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFNER, MARY K.	3.2 NAME	
STREET ADDRESS	1002 REVERE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYBRAND, ELMER F.	4.2 NAME	JANET DAVISON MILLER
STREET ADDRESS	3800 ADVENTURE DR.	4.3 STREET ADDRESS	1306 WALNUT BEND
CITY-ST-ZIP	PINE BLUFF AR	4.4 CITY-ST-ZIP	LUFKIN, TX 75904
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, HOWARD R.	5.2 NAME	CHARLES F. CRABTREE III
STREET ADDRESS	1525 MINOTEMAN CAUSEWAY	5.3 STREET ADDRESS	1901 OSPREY CT
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	GRANBURY, TX 76048
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAABE, VICTORIA	6.2 NAME	RICHARD D. JORDAN III
STREET ADDRESS	RT 3 BOX 220 N/A	6.3 STREET ADDRESS	5015 HARBORTOWN LANE #201
CITY-ST-ZIP	PURCELLEVILLE VA	6.4 CITY-ST-ZIP	FORT MEYERS, FL 33919

14. I do 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 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.

CR2E037 (9/96)