


3-5-98 B 2850 C  
FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 770729 (2)</b> 1. Corporation Name <b>THE NATIONAL SOCIETY OF WASHINGTON FAMILY DESCENDANTS, INC.</b>
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Principal Place of Business <b>DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124</b>	Mailing Address <b>DESCENDANTS, INC. POST OFFICE BOX 3124 TALLAHASSEE FL 32315-0124</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>JETT, ROBERT S., JR. 325 JOHN KNOX RD. SUITE D-102 TALLAHASSEE FL 32303-1158</b>	
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3. Date Incorporated or Qualified <b>10/13/1983</b>	
4. FEI Number <b>59-2344608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V MILLER, JANET D</b>
STREET ADDRESS	<b>1906 WALNUT BEND</b>
CITY-ST-ZIP	<b>LUFKIN TX</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD THOMAS, WILMA</b>
STREET ADDRESS	<b>607 E. FIRST ST.</b>
CITY-ST-ZIP	<b>BELZONI MS</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD SHAFFNER, MARY K.</b>
STREET ADDRESS	<b>1802 REVERE DR.</b>
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T CRABTREE, CHARLES F</b>
STREET ADDRESS	<b>1901 OSPREY CT</b>
CITY-ST-ZIP	<b>GRANBURY TX</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V JORDAN, RICHARD D III</b>
STREET ADDRESS	<b>5015 HARBORTOWN LANE #201</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD RAABE, VICTORIA</b>
STREET ADDRESS	<b>RT 3 BOX 220 N/A</b>
CITY-ST-ZIP	<b>PURCELLEVILLE VA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>105 ANEMONE CIRCLE</b>
1.4 CITY-ST-ZIP	<b>GEORGETOWN, TX 78628</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Charles F. Crabtree IV* / **CHARLES F. CRABTREE IV** 2/20/98 (817) 279-0320

CR2E037 (10/97)