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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770729

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/13/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2344608 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE MILLER, JANET 105 ANEMONE CIR GEORGETOWN TX 78628	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition miller, Janet 105 Anemone Cir Georgetown Tx 78628
TITLE PD	<input checked="" type="checkbox"/> DELETE THOMAS, WILMA 607 E. FIRST ST. BELZONI MS	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition walker, Patricia 6964 Oldgate Cir New Port Richey FL 34655
TITLE VD	<input type="checkbox"/> DELETE SHAFFNER, MARY K. 1602 REVERE DR. ALEXANDRIA VA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE CRABTREE, CHARLES F 1901 OSPREY CT GRANBURY TX	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dean, Robert T 4400 Belmont Park Terrace #135 Nashville Tn 37215
TITLE V	<input type="checkbox"/> DELETE JORDAN, RICHARD D III 5015 HARBORTOWN LANE #201 FT MYERS FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> DELETE RAABE, VICTORIA RT 3 BOX 220 N/A PURCELLEVILLE VA	6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raabe, Victoria 37412 Wineberry Lane Purcellville, VA 20312-4019

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/17/99 DAYTIME PHONE #: 615-297-7313

CR2E037 (1/198)