2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90002 024 ****61.25

DOCUMENT # 770729

1. Entity Name

THE NATIONAL SOCIETY OF WASHINGTON FAMILY DESCEN

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2344608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JETT, ROBERT S., JR. 325 JOHN KNOX RD. SUITE D-102 TALLAHASSEE FL 32303-1158	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, JANET 105 ANEMONE CIR GEORGETOWN TX 78628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALKER, PATRICIA 6964 OLDGATE CIR NEW PORT RICKIE FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MRS John M CUMMINGS 3917 AZURE LANE Addison TX 75244-2902	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHAFFNER, MARY K. 1602 REVERE DR. ALEXANDRIA VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN, ROBERT T 4400 BELMONT PARK TERR #135 NASHVILLE TN 37215	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSHUSEN, John H 3100 SRANGETTA #1003 HOUSTON TEXAS 77063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JORDAN, RICHARD D III 5015 HARBORTOWN LANE #201 FT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAABE, VICTORIA 37412 WINEBERRY LANE PURCELLEVILLE VA 20312-4019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8-15-01 713 254 0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #