


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009297

1. Entity Name
 MARY CUSTIS LEE CHAPTER #1451, UNITED DAUGHTERS OF THE CONFEDERACY, INC.



Principal Place of Business Mailing Address

1704 GOLF VIEW DR 1704 GOLF VIEW DR
 BELLEAIR, FL 33756 US BELLEAIR, FL 33756 US

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01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-6200360 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLWELL, DORRIS
 1704 GOLF VIEW DR
 BELLEAIR, FL 33756

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Harris Y. Nave Folwell* *Dorris Y. Nave Folwell* *3/13/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BYTHER, DIANA J
STREET ADDRESS	8501 ROBIN ROAD
CITY - ST - ZIP	LARGO, FL 33777
TITLE	T
NAME	FOLWELL, DORRIS Y
STREET ADDRESS	1704 GOLF VIEW DRIVE
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	S
NAME	KITCHEN, MARY M
STREET ADDRESS	230 MILWAUKEE AVENUE
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/17/05-80010-001 61.25

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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: *Harris Y. Nave Folwell* *Dorris Y. Nave Folwell* *3-15-05* *727-585-5813*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #