2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009297

Apr 14, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1704 GOLF VIEW DR 1704 GOLF VIEW DR

BELLEAIR, FL 33756 US BELLEAIR, FL 337561542 US

Current Mailing Address: New Mailing Address:

1704 GOLF VIEW DR 1704 GOLF VIEW DR

BELLEAIR, FL 33756 US BELLEAIR, FL 337561542 US

FEI Number: 59-6200360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOLWELL, DORRIS 1704 GOLF VIEW DR BELLEAIR, FL 33756

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS:

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete BYTHER, DIANA J GRIMMER, CAROL Name: Name:

Address: 8501 ROBIN ROAD Address: 5340 SAN PEDRO City-St-Zip: LARGO, FL 33777 City-St-Zip: CLEARWATER, FL 337591542 US

Title: () Delete Title: (X) Change () Addition

FOLWELL, DORRIS Y Name: Name: FOLWELL, DORRIS Y Address: 1704 GOLF VIEW DRIVE Address: 1704 GOLF VIEW DRIVE City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 337561542 US

Title: () Delete Title: RS (X) Change () Addition

KITCHEN, MARY M Name: WARREN, ROSE Name: 230 MILWAUKEE AVENUE 4849 PARSON BROWN LN Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: PALM HARBOR, FL 346844034 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORRIS Y FOLWELL Τ 04/14/2007