

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000009297

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

Current Principal Place of Business:

1704 GOLF VIEW DR
BELLEAIR, FL 337561542 US

New Principal Place of Business:

Current Mailing Address:

1704 GOLF VIEW DR
BELLEAIR, FL 337561542 US

New Mailing Address:

FEI Number: 59-6200360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIMMER, CAROL
Address: 5340 SAN PEDRO
City-St-Zip: CLEARWATER, FL 337591542 US

Title: T () Delete
Name: FOLWELL, DORRIS Y
Address: 1704 GOLF VIEW DRIVE
City-St-Zip: BELLEAIR, FL 337561542 US

Title: RS () Delete
Name: WARREN, ROSE
Address: 4849 PARSON BROWN LN
City-St-Zip: PALM HARBOR, FL 346844034 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 FOLWELL

T

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date