

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009297

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**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 ( )**

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

**Title:** T  
**Name:** SAVAGE, HELEN  
**Address:** 2527 STONY BROOK LANE  
**City-St-Zip:** CLEARWATER, FL 337612576 US

**Title:** S  
**Name:** BYTHER, DIANA  
**Address:** 8501 ROBIN ROAD  
**City-St-Zip:** LARGO, FL 337773419 US

I hereby 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 all other like empowered.

**SIGNATURE:** DORRIS Y FOLWELL

P

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date