


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000002022

1. Entity Name
THE FLORIDA STATE SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION, INC.



Principal Place of Business 1905 ALTA VISTA ST SARASOTA, FL 34236-9104 US	Mailing Address 1905 ALTA VISTA ST SARASOTA, FL 34236-9104 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3164822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VAN HELDEN, CAROLYN J DST
 1905 ALTA VISTA ST
 SARASOTA, FL 34236-9104

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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 _____
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, 2008

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

000000777390
 01/10/08-80005-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSR BRATTON, SUE C P.O. BOX 15332 TALLAHASSEE, FL 323175332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPG MANN, JEAN DIXON 2048 OAK MARSH DRIVE FERNANDINA BEACH, FL 320342407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VR CULLEN, DONNA G 9133 COLLINS AVE APT B SURFSIDE, FL 331543118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVR MAKANT, BARBARA W 1286 MILLSTREAM RD TALLAHASSEE, FL 323122548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS CHANCELLOR, SHERRY 2801 PLEASANT VALLEY DR CANTONMENT, FL 325335708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS BLAGA, PATRICIA A 10895 ROSELAND RD SEBASTIAN, FL 329584486

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn Jones Van Helden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *January 5, 2008* (941)
 Daytime Phone: *685-8828*

FSSDAR State Treasurer
CAROLYN JONES VAN HELDEN