

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90013 027 \*\*\*\*61.25

**DOCUMENT # N97000000682**

1. Entity Name

**NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN  
REVOLUTION, OCALA CHAPTER NO. 3-053-FL, INC.**

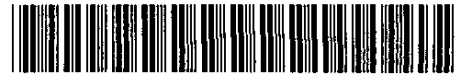


Principal Place of Business

**3490 SE 31ST TERR  
OCALA FL 34471-6924  
US**

Mailing Address

**3490 SE 31ST TERR  
OCALA FL 34471-6924  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3058044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEAS, VALECIA T  
3490 SE 31ST TERR  
OCALA FL 34471-6924**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AUSTIN WELLS, SHIRLEY ☒ Delete  
STREET ADDRESS 3295 SE 56TH AVE  
CITY-ST-ZIP OCALA FL 34471-9216

TITLE CD  
NAME CHESNUT, LORRAINE P ☒ Delete  
STREET ADDRESS 11 WAGON WHEEL WAY  
CITY-ST-ZIP OCALA FL 34482-6616

TITLE RSD  
NAME COWHERD, NORMA G ☐ Delete  
STREET ADDRESS 10931 SW 87TH COURT  
CITY-ST-ZIP OCALA FL 34481

TITLE CSD  
NAME SHRAUGER, RUTH AYRES ☐ Delete  
STREET ADDRESS 15251 SW 110TH AVE  
CITY-ST-ZIP DUNNELLON FL 34432-6807

TITLE TD  
NAME DEAS, VALECIA T ☐ Delete  
STREET ADDRESS 3490 SE 31ST TERR  
CITY-ST-ZIP OCALA FL 34471-6924

TITLE RD  
NAME SCHNEIDER, LOIS P ☐ Delete  
STREET ADDRESS 10804 SW 83RD AVE  
CITY-ST-ZIP OCALA FL 34481-9701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME TENNANT, JANET SHANNON  
STREET ADDRESS 11164 SW 73 cir.  
CITY-ST-ZIP OCALA, FL. 34476-8974

TITLE CD ☒ Change ☐ Addition  
NAME STEWART, ALICE STROUP  
STREET ADDRESS 9464B SW 97th LANE  
CITY-ST-ZIP OCALA, FL. 34481

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR