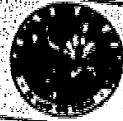


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707301 (8)
FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

Principal Place of Business

P O BOX 18624
TAMPA FL 33679

Mailing Address

P O BOX 18624
TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1964
3a. Date of Last Report 03/24/1994
4. FEI Number 59-1768965

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business
22. Surte, Apt. #, etc.
23. City & State
24. Zip
25. Country
26. Mailing Address
27. Surte, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

EVERS, RICHARD E
3203 STONEYBROOK LANE
TAMPA FL 33618

10. Name and Address of New Registered Agent
81. Name DELMAR R. CORE
82. Street Address (P.O. Box Number is Not Acceptable) 2103 KYRA DR.
83. City TAMPA
84. Zip Code FL 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Delmar R. Core*
OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DATE 7 APRIL 1995

12. OFFICERS AND DIRECTORS
P
TITLE
NAME BRADLEY, MURIEL C
STREET ADDRESS 804 DELEON ST
CITY-ST-ZIP TAMPA FL 33606

I
TITLE
NAME EVERS, RICHARD E
STREET ADDRESS 3203 STONEYBROOK LANE
CITY-ST-ZIP TAMPA, FL 00000

VP
TITLE
NAME BRODERICK, DIANE C
STREET ADDRESS 303 W VIOLET ST.
CITY-ST-ZIP TAMPA FL

D
TITLE
NAME MUENCH, RUTH G
STREET ADDRESS 3011 SAN MIGUEL
CITY-ST-ZIP TAMPA, FL 00000

D
TITLE
NAME ALDERMAN, MIRNE
STREET ADDRESS 310 WEST JEAN ST
CITY-ST-ZIP TAMPA FL

D
TITLE
NAME ARMITAGE, CETA R
STREET ADDRESS 7511 ALEMA STREET
CITY-ST-ZIP TAMPA FL 33625

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE 33606
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

33606
TREASURER
DELMAR R. CORE
2103 KYRA DR
TAMPA, FL 33612
VICE PRESIDENT
FAVE WILLIAMS
10902 THERESA AVE DR DR
TEMPLE TERRACE, FL 33617
DIRECTOR
JEANNE BEUER
3614 DALE AVE
TAMPA, FL 33609
DIRECTOR
WINONIA SULLIVAN
3952 EDEN RES CIR, W
TAMPA, FL 33634
33625

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Delmar R. Core*
DATE 7 APRIL 1995
935424
Anytime Please