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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707301 (8)
1. Corporation Name
FLORIDA GENEALOGICAL SOCIETY, INCORPORATED



Principal Place of Business P O BOX 18624 TAMPA FL 33679	Mailing Address P O BOX 18624 TAMPA FL 33679-8624
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1964	3a. Date of Last Report 04/17/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1768965	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Delmar R. Core* DATE: 10 April 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BOND, JEANNE M	1.2 NAME	EVERS, RICHARD E
STREET ADDRESS	8440 BOXWOOD DR	1.3 STREET ADDRESS	3203 STUNDBROOK LANE
CITY-ST-ZIP	TAMPA FL 39	1.4 CITY-ST-ZIP	TAMPA, FL 33618-3017
TITLE	T	2.1 TITLE	
NAME	DELMAR R. CORE	2.2 NAME	
STREET ADDRESS	2103 KYRA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	BOND, FORD	3.2 NAME	BYRD, HELEN N.
STREET ADDRESS	8440 BOXWOOD DR	3.3 STREET ADDRESS	4119 CORONA ST.
CITY-ST-ZIP	TAMPA FL 39	3.4 CITY-ST-ZIP	TAMPA, FL 33629-8504
TITLE	D	4.1 TITLE	
NAME	BRADLEY, MURIEL C	4.2 NAME	
STREET ADDRESS	804 DELEON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 22	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	WINONA SULLIVAN	5.2 NAME	DOLL, CHARLES A.
STREET ADDRESS	3932 EDEN ROC CIR, W	5.3 STREET ADDRESS	10113 ORANGE GROVE DR.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33618-4016
TITLE	D	6.1 TITLE	D
NAME	FORD, DANETTE	6.2 NAME	BERKHAN, NANCY S.
STREET ADDRESS	9418 N 29TH ST	6.3 STREET ADDRESS	2301 SOUTH HALE AV.
CITY-ST-ZIP	TAMPA FL 26	6.4 CITY-ST-ZIP	TAMPA, FL 33629-5717

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 10 April 1997 DAYTIME PHONE # 935-4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)