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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707301

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/18/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1768965

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELMAR R. CORE
2103 KYRA DR.
TAMPA FL 33612

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

7 May 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME P
STREET ADDRESS ARMITAGE, CETA R
CITY-ST-ZIP 12101 N DALE MABRY #1515
TAMPA FL 33618

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME T
STREET ADDRESS DELMAR R. CORE
CITY-ST-ZIP 2103 KYRA DR
TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME VP
STREET ADDRESS TOUCHTON, CHARLES F
CITY-ST-ZIP 92 ADRIATIC AVE
TAMPA FL 33606

3.1 TITLE Change Addition
3.2 NAME VP
3.3 STREET ADDRESS PAYNE, JOYCE D
3.4 CITY-ST-ZIP 3709 HORATIO ST.
TAMPA, FL 33607-3197

TITLE DELETE
NAME D
STREET ADDRESS BRADLEY, MURIEL C
CITY-ST-ZIP 804 DELEON ST
TAMPA FL 22

4.1 TITLE Change Addition
4.2 NAME D
4.3 STREET ADDRESS WHITECAR, ROBERT A.
4.4 CITY-ST-ZIP 2905 E. 97TH AVE.
TAMPA, FL 33612-8765

TITLE DELETE
NAME D
STREET ADDRESS DOLL, CHARLES A
CITY-ST-ZIP 10113 ORANGE GROVE DR
TAMPA FL

5.1 TITLE Change Addition
5.2 NAME D
5.3 STREET ADDRESS TOUCHTON, CHARLES F.
5.4 CITY-ST-ZIP 92 ADRIATIC AVE.
TAMPA, FL 33606-3306

TITLE DELETE
NAME D
STREET ADDRESS BYRD, HELEN N
CITY-ST-ZIP 4119 CORONA ST
TAMPA FL 33629

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Delmar R. Core
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 May 1999
Date

(813) 935-4264
Daytime Phone #

CR2E037 (11/98)