


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90997 043 ****61.25

DOCUMENT # 707301					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1768965	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOEDT, WILLIAM H. 202 WEST LUTZ-LAKE FERN RD LUTZ, FL 33548-4202				Name HAMBY, JO ANN G.	
				Street Address (P.O. Box Number is Not Acceptable) 4431 W. WISCONSIN AVE	
				City TAMPA	
				FL Zip Code 33616-1030	
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 <u>JO ANN G. Hamby, Jo Ann G. Hamby, Treasurer 4/23/2004</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REEVE, WILLARD N 18708 FOREST GLEN COURT TAMPA, FL 336471878	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, MELVIN ("MICK") 1804 CURRY RD LUTZ, FL. 33549-3704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOEDT, WILLIAM HH 202 WEST LUTZ-LAKE FERN RD. LUTZ, FL 335484202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMBY, JO ANN G. 4431 W. WISCONSIN AVE TAMPA, FL 33616-1030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLUBERT, DEBORAH C 554 WEST DAVIS BLVD. TAMPA, FL 336064038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIDMONS, DIANE C. 303 W. YUIET TAMPA, FL 33603-1946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELESON, RUTH 4212 CULBREATH AVENUE TAMPA, FL 336094339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C.S. ROSE, LONAINA J. 11811 COUNTRY COVE WAY TAMPA, FL. 33635-6304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS WUNDERLIN, TREVETTA 2013 CURRY RD LUTZ, FL 335493706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. MERWIN, ALICE V. 3014 W. JAINOAKS AVE TAMPA, FL. 33611-1641	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMITAGE, CETA RODGERS 11500 NORTH DALE MABREY HWY. TAMPA, FL 336183867	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. PORTER, MELODY K. 2501 SUNSET DR. TAMPA, FL. 33609-5338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: <u>Jo Ann G. Hamby</u> <u>JO ANN G. HAMBY</u> <u>4/23/2004</u> <u>(813)839-7543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					