


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 038 \*\*\*\*61.25

<b>DOCUMENT # 707301</b>					
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	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
4. FEI Number 59-1768965			Applied For <input type="checkbox"/> Not Applicable		
05202006 Chg-NP			CR2E037 (4/06)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMBLY, JO ANN G 4431 W WISCONSIN AVE TAMPA, FL 33616-1030			Name <i>CORE, DELMAR R</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>2103 W. KYRA DR</i>		
			City <i>TAMPA</i> FL Zip Code <i>33612-5053</i>		
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 <i>DELMAR R CORE</i>		<i>Delmar R Core</i>		5/20/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MELVIN O		NAME		
STREET ADDRESS	1804 CURRY RD.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335493704		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMBLY, JO ANN G		NAME	<i>CORE, DELMAR R</i>	
STREET ADDRESS	4431 W WISCONSIN AVE.		STREET ADDRESS	<i>2103 W. KYRA DR</i>	
CITY-ST-ZIP	TAMPA, FL 336161030		CITY-ST-ZIP	<i>TAMPA, FL 33612-5053</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDDONS, DIANE C		NAME	<i>VP SMITH, ANDREW M</i>	
STREET ADDRESS	303 W VIOLET		STREET ADDRESS	<i>15,611 JERICHO DR</i>	
CITY-ST-ZIP	TAMPA, FL 336031946		CITY-ST-ZIP	<i>ODESSA, FL 33556</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAM, BRENDA L		NAME		
STREET ADDRESS	3001 S. GERALD HALL RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 335664738		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WUNDERLIN, TREVETTA		NAME		
STREET ADDRESS	2013 CURRY RD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335493706		CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSE, LORAIN J		NAME		
STREET ADDRESS	11811 COUNTRY COVE WAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336356304		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Delmar R. Core</i>		<i>DELMAR R CORE</i>		5/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				813-935-4264	
				Daytime Phone #	