

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707301

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

**Current Principal Place of Business:**

15611 JERICHO DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 18624  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 59-1768965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERS, MARY L  
914 LAKE BROOKER COURT  
LUTZ, FL 33548      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: WEISS, JIM  
Address: 11721 PHOENIX CIRCLE  
City-St-Zip: TAMPA, FL 33618

Title: T      ( ) Delete  
Name: RIVERS, MARY L  
Address: 914 LAKE BROOKER COURT  
City-St-Zip: LUTZ, FL 33548

Title: P      ( ) Delete  
Name: SMITH, ANDREW M  
Address: 15611 JERICHO  
City-St-Zip: ODESSA, FL 33556

Title: D      ( ) Delete  
Name: MORGAN, GEORGE G  
Address: 15611 JERICHO DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: RS      ( ) Delete  
Name: WUNDERLIN, TREVETTA  
Address: 2013 CURRY RD  
City-St-Zip: LUTZ, FL 335493706

Title: CS      ( ) Delete  
Name: ROSE, LORAIN J  
Address: 11811 COUNTRY COVE WAY  
City-St-Zip: TAMPA, FL 336356304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: PUROL, PAMELA  
Address: 13304 GOLF CREST DRIVE  
City-St-Zip: TAMPA, FL 33618

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LYONS RIVERS

T

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date