

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707301

FILED  
Apr 26, 2010  
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  
Name: PATASCHER, TAMMY  
Address: 10257 WATERS EDGE COURT  
City-St-Zip: BROOKSVILLE, FL 34613 39

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY LYONS RIVERS

TREA

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date