

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90110 011 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1768965	Applied For Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HOEDT, WILLIAM H
202 WEST LUTZ-LAKE FERN RD
LUTZ FL 33548-4202**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEELER, SCOTT L JR 433 SUMMIT CRASE DR VALRICO FL 33594-3841 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOEDT, WILLIAM HH 202 WEST LUTZ-LAKE FERN RD LUTZ FL 33548-4202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, MURIEL 804 DELEON STREET WEST TAMPA FL 33618-3308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELESON, RUTH 4212 CULBREATH AVENUE TAMPA FL 33609-4339 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUNDERLIN, TREVETTA 2013 CURRY RD LUTZ FL 33549-3706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, LINDA 6608 MABOLE PLACE TEMPLE TERRACE FL 33617-3830 <input checked="" type="checkbox"/> Delete

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, FLORIDA 33647-1878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R.S. WUNDERLIN, TREVETTA H. 2013 CURRY ROAD LUTZ, FLORIDA 33549-3706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CULBERT, DEBORAH C. 554 WEST DAVIS BOULEVARD TAMPA, FLORIDA 33606-4038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.S. ROSE, LORRAINE E. 11811 COUNTRY LOVE WAY TAMPA, FLORIDA 33635-6304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ARMITAGE, CETA RODGERS 11500 NORTH DALE MABREY HIGHWAY TAMPA, FLORIDA 33618-3867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HAMBY, JO ANN 4431 WISCONSIN AVENUE TAMPA, FLORIDA 33616-1030 <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: William H. Hoedt **William H. Hoedt** 31 MAR 2003 (813) 949-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)