

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735511 (8)

1. Corporation Name  
**GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**



Principal Place of Business Mailing Address  
**207 BRADLEY DRIVE, N.E.  
FT. WALTON BCH FL 32547-2812**

3. Date Incorporated or Qualified **04/07/1976** 3a. Date of Last Report **04/03/1995**  
4. FEI Number **51-0201772** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MCCALL, EILEEN O.  
207 BRADLEY DRIVE, N.E.  
FT. WALTON BCH FL 32547-2812**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, MARTHA	
STREET ADDRESS	3490 NEW EBENEZER ROAD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, FRED B	
STREET ADDRESS	P.O. BOX 387	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, CAROLYN	
STREET ADDRESS	265 BRIARWOOD CIRCLE, NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	<del>ESD</del> RS	<input type="checkbox"/> DELETE
NAME	CRUTCHFIELD, NANCY B	
STREET ADDRESS	6116 PINE RIDGE LANE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, FRANCES, L	
STREET ADDRESS	927 HOLBROOK CIR	
CITY-ST-ZIP	FT. WALTON BCH FL 32547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joy S. Forsman	
1.3 STREET ADDRESS	110 Carl Brandt Drive	
1.4 CITY-ST-ZIP	Shalimar, FL 32579-1203	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beth M. Johnston	
2.3 STREET ADDRESS	350 Lake Drive NW	
2.4 CITY-ST-ZIP	Fort Walton Beach, FL 23548-4154	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances L. Roberts* 2-1-96 904/864-2270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (12/95)