

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

207 BRADLEY DRIVE, N.E.
FT. WALTON BCH FL 32547-2812



3. Date Incorporated or Qualified 04/07/1976
3a. Date of Last Report 02/09/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCALL, EILEEN O.
207 BRADLEY DRIVE, N.E.
FT. WALTON BCH FL 32547-2812

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME FORSMAN, JOY S
STREET ADDRESS 110 CARL BRANDT DRIVE
CITY-ST-ZIP SHAUMAR FL

1.1 TITLE PD Change Addition
1.2 NAME Katherine E. Davis
1.3 STREET ADDRESS 296 E. Hickory Ave.
1.4 CITY-ST-ZIP Crestview, FL

TITLE VD DELETE
NAME JOHNSTON, BETH M
STREET ADDRESS 350 LAKE DRIVE NW
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE RS DELETE
NAME CRUTCHFIELD, NANCY B
STREET ADDRESS 6118 PINE RIDGE LANE
CITY-ST-ZIP CRESTVIEW FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ROBERTS, FRANCES, L
STREET ADDRESS 927 HOLBROOK CIR
CITY-ST-ZIP FT. WALTON BCH FL 32547

4.1 TITLE TD Change Addition
4.2 NAME C. Walter Ruckel
4.3 STREET ADDRESS 222 Rockwood Lane
4.4 CITY-ST-ZIP Niceville FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Katherine E. Davis* Katherine E. Davis 01/11/97 (904) 682-7022

CR2E037 (9/96)