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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
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3. Date Incorporated or Qualified 04/07/1976  
4. FEI Number 51-0201772 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 37 Maples Street 26 37 Maples Street  
22 Suite, Apt. #, etc. 27  
23 City & State Fort Walton Bch, FL 28 Fort Walton Bch, FL  
24 Zip 32548 25 Country USA 29 Zip 32548 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 Margaret M. Harris  
82 Street Address (P.O. Box Number is Not Acceptable) 37 Maples Street  
83  
84 City Fort Walton Bch, FL 85 Zip Code 32548

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 Margaret M. Harris, President DATE 2/11/98

12. OFFICERS AND DIRECTORS

TITLE	PD	FORSMAN, JOY S	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	110 CARL BRANDT DRIVE		
CITY-ST-ZIP	SHALIMAR FL		
TITLE	VD	JOHNSTON, BETH M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	350 LAKE DRIVE NW		
CITY-ST-ZIP	FT. WALTON BEACH FL		
TITLE	RS	CRUTCHFIELD, NANCY B	<input type="checkbox"/> DELETE
STREET ADDRESS	6116 PINE RIDGE LANE		
CITY-ST-ZIP	CRESTVIEW FL		
TITLE	TD	ROBERTS, FRANCES, L	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	927 HOLBROOK CIR		
CITY-ST-ZIP	FT. WALTON BCH FL 32547		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Margaret M. Harris	
1.3 STREET ADDRESS	37 Maples Street	
1.4 CITY-ST-ZIP	Fort Walton Bch., FL 32548	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	No one presently serving as V.P.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy B. Crutchfield	
3.3 STREET ADDRESS	1116 Pine Ridge Lane	
3.4 CITY-ST-ZIP	Crestview, Fl. 32539	
4.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUCKEL, C. WALTER	
4.3 STREET ADDRESS	P.O. Box 187	
4.4 CITY-ST-ZIP	Valparaiso, FL 32580	
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 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: Margaret M. Harris 2/11/98 880-243-4589

CR2E037 (10/97)