

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90254 041 \*\*\*\*61.25

**DOCUMENT # 735511**

1. Entity Name

**GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA**

Principal Place of Business

Mailing Address

37 MAPLES STREET  
 FT. WALTON BCH FL 32548  
 US

37 MAPLES STREET  
 FORT WALTON BEACH FL 32548-4832  
 US

2. Principal Place of Business

5403 Fairchild Road

3. Mailing Address

P.O. Box 1175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Ft. Walton Beach, FL

4. FEI Number

51-0201772

Applied For

Not Applicable

Zip

32539

Country

Okaloosa

Zip

32549

Country

Okaloosa

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, MARGARET M  
 37 MAPLES STREET  
 FT. WALTON BCH FL 32548

Name

Frances E. Whitaker

Street Address (P.O. Box Number is Not Acceptable)

5403 Fairchild Road

City

Crestview

FL

Zip Code

32539

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.

SIGNATURE

*Frances E. Whitaker*

**SIGN  
 HERE**

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Frances E. Whitaker, President

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, MARGARET M	
STREET ADDRESS	37 MAPLES STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<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	RUCKEL, C W	
STREET ADDRESS	P O BOX 187 N/A	
CITY-ST-ZIP	VALPORAISO FL 32580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances E. Whitaker	
STREET ADDRESS	5403 Fairchild Road	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Joyce Barton	
STREET ADDRESS	77 1st Avenue	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
NAME		
STREET ADDRESS	222 Rockwood Lane	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jane Howard	
STREET ADDRESS	3186 E. James Lee Blvd.	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

C.W. Ruckel, Treasurer

SIGNATURE:

*SIGNATURE REQUIRED*

4/25/00

850-678-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)