


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90380 001 *****8.75
 04-29-2004 90380 002 *****61.25

DOCUMENT # 735511

1. Entity Name
GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.



Principal Place of Business
~~6034 GARDEN CITY ROAD~~
~~CRESTVIEW, FL 32539 US~~
239 LaFitte Crescent
Fort Walton Beach, FL 32547

Mailing Address
PO BOX 1175
FT. WALTON BCH, FL 32549 US

66416714



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02042004 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0201772

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SENERFITT, RONALD~~ ~~Margaret Harris~~
~~6034 GARDEN CITY ROAD~~ **239 LaFitte Crescent**
~~CRESTVIEW, FL 32539~~ **Fort Walton Beach, FL**
32547

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 Margaret M. Harris *Margaret M. Harris 4/22/04*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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	PPD WHITAKER, FRANCES 5403 FAIRCHILD RD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENERFITT, RONALD 6034 GARDEN CITY ROAD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUCKEL, C W 222 ROCKWOOD LN NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD HARRIS, MARGARET M 239 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SENERFITT, CAROLYN 6034 GARDEN CITY ROAD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SZAROWICZ, DORIS C 297 GEORGIA ST. NW CRESTVIEW, FL 325362535	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Ronald Senterfitt 6034 Garden City Road Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Margaret Harris 239 LaFitte Crescent Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP Ronald Senterfitt 6034 Garden City Road Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Margaret M. Harris *Margaret M. Harris 4/22/04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-243-4589

Attachment 66416714



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Business Entity Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

Attachment

U64167H
#735511

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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Business Entity Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

FEI Number 510201772
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 239 La Fitte Crescent
Suite, Apt. #, etc.
City, State Fort Walton Beach FL
Zip Code & Country 32547 US

Mailing Address

Address PO BOX 1175
Suite, Apt. #, etc.
City, State FT. WALTON BCH FL
Zip Code & Country 32549 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) Harris, Margaret, M
-or- RA Business Name
Address 239 La Fitte Crescent
Suite, Apt. #, etc.
City, State Fort Walton Beach FL
Zip Code & Country 32547 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Margaret M Harris

Attachment

~~66416714~~
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