FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 18 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750915 (1)

1. Corporation Name
JACKSONVILLE GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
8339 LAWFIN ST., SO P.O.BOX 60756 JACKSONVILLE FL 32205	8339 LAWFIN ST., SO P.O.BOX 60756 JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1980
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1969029 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip 32236 - 0756 / Country 29 / 30

9. Name and Address of Current Registered Agent

MYERS, MARIAN M.
8339 LAWFIN ST. SO
JACKSONVILLE FL 32211

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SOUTHERD, GLORIA C.	1.2 NAME	JAMES BRADFIELD	
STREET ADDRESS	15801 DUSTY ROAD	1.3 STREET ADDRESS	11142 RIVER CREEK DR W	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, MARIAN M.	2.2 NAME		
STREET ADDRESS	8339 LAWFIN ST., SO	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE,F L 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	BRADFIELD, JAMES	3.2 NAME	SEE ABOVE	
STREET ADDRESS	11142 RIVER CREEK DR W	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH. FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	TIENTER, DONNA	4.2 NAME	LARRY OWEN	
STREET ADDRESS	PO BOX 28453 NA	4.3 STREET ADDRESS	5441 N GULFSTREAM CIR	
CITY-ST-ZIP	JACKSONVILLE FL 53	4.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SD	5.1 TITLE		☒ Change ☐ Addition
NAME	MARI, SUE M.	5.2 NAME	DELETE	
STREET ADDRESS	146 E. 43RD ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: MARIAN M. MYERS Marian M. Myers April 12, 1995 904-725-2889
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Daytime Phone #

0084168