2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90417 024 ****70.00

DOCUMENT # 750915

1. Entity Name

JACKSONVILLE GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
4119 BESS RD JACKSONVILLE FL 32277-2119 US	4119 BESS RD JACKSONVILLE FL 32277-2119 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2730 College Street	P.O.Box 60756
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville,Florida	City & State: Jacksonville,Florida
Zip: 32205 Country: U.S.A	Zip: 32236-0756 Country: U.S.A

4. FEI Number: 59-1969029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUITTER, GEORGE J
4119 BESS RD
JACKSONVILLE FL 32277-2119

7. Name and Address of New Registered Agent

Name: QUITTER, GEORGE J.
Street Address (P.O. Box Number is Not Acceptable): 4119 Bess Rd.
City: Jacksonville, Fl. **FL** Zip Code: 32277

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: Mary S. Chauncey MARY S. CHAUNCEY 4-21-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIELD, JAMES 1142 RIVER CREEK DR. W. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mary Chauncey 927 Grace Terrace Jacksonville, FL 32205	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD QUITTER, GEORGE J 4119 BESS RD JACKSONVILLE FL 32277-2119	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD QUITTER, GEORGE J. 4119 Bess Rd. Jacksonville, Fl. 32277-2119	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARJORIE V. GRAY 1224 KNOB HILL DRIVE JACKSONVILLE FL	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Tina M. Frady 1691 Halsema Rd, N. Jacksonville,FL 32220	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Mary S. Chauncey SIGNATURE REQUIRED MARY S. CHAUNCEY 4-21-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #