2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90013 018 ****61.25

DOCUMENT # 750915

1. Entity Name

JACKSONVILLE GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2730 COLLEGE STREET JACKSONVILLE FL 32205 US	PO BOX 60756 JACKSONVILLE FL 32236 US

MOORE CR2E037 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
CHAUNCEY, MARY S 927 GRACE TERRACE JACKSONVILLE FL 32205	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 _____
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
Due By September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAUNCEY, MARY 927 GRACE TERRACE JACKSONVILLE FL 32205	☐ Delete	P= CHAUNCEY, MARY NO CHANGE 927 GRACE TERRACE JACKSONVILLE, FL 32205	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRADY, TINA M 1691 HALSEMA ROAD NORTH JACKSONVILLE FL 32220	☐ Delete	V= FRADY, TINA M 1691 HALSEMA ROAD NORTH NO CHANGE JACKSONVILLE, FL 32220	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COMPTON, BARBARA K 5 GRIZZLY BEAR PATH ORMOND BEACH FL 32174	☐ Delete	TD= COMPTON, BARBARA K. 5 GRIZZLY BEAR PATH ORMOND BEACH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T= DITTMAN, HARLAN A. SR. 8157 GALAXIE DRIVE JACKSONVILLE, FL. 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Mary Chauncey 8-21-04 904-781-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #