

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90345 021 ****61.25

DOCUMENT # 750915

1. Entity Name

JACKSONVILLE GENEALOGICAL SOCIETY, INC.



Principal Place of Business

2730 COLLEGE STREET
JACKSONVILLE FL 32205
US

Mailing Address

PO BOX 60756
JACKSONVILLE FL 32236
US

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 May 1, 2005

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 PD ☐ Delete
NAME CHAUNCEY, MARY
STREET ADDRESS 927 GRACE TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE VD ☐ Delete
NAME FRADY, TINA M
STREET ADDRESS 1691 HALSEMA ROAD NORTH
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE T ☒ Delete
NAME COMPTON, BARBARA K
STREET ADDRESS 5 GRIZZLY BEAR PATH
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE T ☐ Delete
NAME DITTMAN, HARLAN A SR
STREET ADDRESS 8157 GALAXIE DR
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE: Mary Chauncey **MARY CHAUNCEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05 904-781-9300

Date

Daytime Phone #