

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90107 036 ****61.25

0065859

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHAUNCEY, MARY S
927 GRACE TERRACE
JACKSONVILLE FL 32205**

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

Mary S. Chauncey, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug. 18, 2003

DATE

FILE NOW: FEE IS \$51.25

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 **SD** ☒ Delete
NAME **ROBINSON, JANET L**
STREET ADDRESS **622 FILMORE STREET**
CITY-ST-ZIP **ORANGE PARK FL 32065-8503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME **TD Compton, Barbara K.**
STREET ADDRESS **5 Grizzly Bear Path**
CITY-ST-ZIP **Ormond Beach FL 32174**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Barbara K. Compton

Aug. 18, 2003 386-673-3905

CR2E037 (10/02)