

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003529

FILED
Apr 19, 2007
Secretary of State

Entity Name: ENGLEWOOD GENEALOGICAL SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

C/O ELSIE QUIRK LIBRARY
100 WEST DEARBORN STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 795
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 65-1105544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SUSAN A
1129 KITTIWAKE DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, SUSAN A
Address: 1129 KITTIWAKE DRIVE
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: GUTKNECHT, EUGENE A
Address: 1875 NEW POINT COMFORT ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: INGLETON, SHARON
Address: 4976 LAUREL HILL ROAD
City-St-Zip: VENICE, FL 34296

Title: T () Delete
Name: THOMAS, SALLY G
Address: 797 HEATHERCREEK COURT
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: CHITTUM, GENI
Address: 1135 KITTIWAKE DR
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: GLORIA, WETH
Address: 15 BUNKER PLACE
City-St-Zip: ROTUNDA W, FL 33974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THOMAS, SALLY G
Address: 920 TAMiami TRAIL S. #150
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN A DAVIS

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date