

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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90013 049 ****70.00

DOCUMENT # N03000003683

1. Entity Name

GENEALOGY SOCIETY OF FLAGLER COUNTY, INC.



Principal Place of Business

2500 PALM COAST PKWY. NW
PALM COAST FL 32135-4671

Mailing Address

2500 PALM COAST PKWY. NW
PALM COAST FL 32135-4671

2. Principal Place of Business

3. Mailing Address

PO BOX 354671

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

Zip

Country

Zip

Country

32135

U.S.A.

4. FEI Number

39-371496

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD, JOAN
57 COVINGTON LANE
PALM COAST FL

7. Name and Address of New Registered Agent

Name

REICHARD, JOAN C.

Street Address (P.O. Box Number is Not Acceptable)

63 RIVER TRAIL DR

City

PALM COAST

FL

Zip Code

32137

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

Joan C. Reichard - *Joan C. REICHARD*

2-26-04

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, 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

TITLE	PD	☒ Delete
NAME	BUCHANAN, SHARON	
STREET ADDRESS	3800 SOUTH US 1	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VD	☒ Delete
NAME	REICHARD, JOAN	
STREET ADDRESS	57 COVINGTON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	☐ Delete
NAME	PERRY, MARTIN	
STREET ADDRESS	112 WESTCHESTER LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	☒ Delete
NAME	FASNACHT, LEE	
STREET ADDRESS	11 EDGAR LANE	
CITY-ST-ZIP	PALM COAST FL	
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	PD	☒ Change ☐ Addition
NAME	ADAMS, JUANITA	
STREET ADDRESS	130 WHISPERING PINE DR	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VD	☒ Change ☐ Addition
NAME	BEHRENDT, BEVERLY	
STREET ADDRESS	36 VERANDA WAY	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME	REICHARD, JOAN	
STREET ADDRESS	63 RIVER TRAIL DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
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 I am empowered.

SIGNATURE: *Joan C. Reichard* JOAN C. REICHARD 2-26-04 445-9068