

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90005 038 ****61.25

DOCUMENT # N03000003683

1. Entity Name

GENEALOGY SOCIETY OF FLAGLER COUNTY, INC.

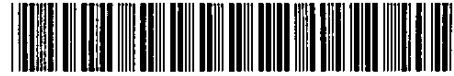


Principal Place of Business

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

Mailing Address

P.O. BOX 354671
PALM COAST FL 32135



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3710196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

BEHRENDT, BEVERLY
36 VERANDA WAY
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Sandra Campbell
Street Address (P.O. Box Numbers Not Acceptable) 9 Pine Croft Lane
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 Sandra Campbell, Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/23/2008
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	NAME	SAKVATORE, MARCIA	☐ Delete
STREET ADDRESS			3 BARDU PL	
CITY-ST-ZIP			PALM COAST FL 32137	
TITLE	VP	NAME	RESSER, DENISE	☐ Delete
STREET ADDRESS			5 LAKESIDE PL - W.	
CITY-ST-ZIP			PALM COAST FL 32137	
TITLE	T	NAME	SMITH, JEANNETTE	☐ Delete
STREET ADDRESS			10 SUMMERWIND CIR.	
CITY-ST-ZIP			PALM COAST FL 32137	
TITLE	S	NAME	BEHRENDT, BEVERLY	☐ Delete
STREET ADDRESS			36 VERANDA WAY	
CITY-ST-ZIP			PALM COAST FL 32137	
TITLE	AT	NAME	GLEASON, BARBARA	☐ Delete
STREET ADDRESS			27 WELDNER PL.	
CITY-ST-ZIP			PALM COAST FL 32164	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	SAKVATORE, MARCIA	☒ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	S	NAME	Sandra Campbell	☒ Change ☐ Addition
STREET ADDRESS			9 Pine Croft Lane	
CITY-ST-ZIP			Palm Coast, FL 32137	
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Marcia Salvatore MARCIA SALVATORE 2/21/08 386/986-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR