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	Mailing Address
2500 PALM COAST PKWY. NW PALM COAST FL 32135-4671	P.O. BOX 354671 PALM COAST FL 32135

1st MOORE CR2E037 (10/07)

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

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 02/23/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAKVATORE, MARCIA 3 BARDU PL PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Salvatore, MARCIA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RESSER, DENISE 5 LAKESIDE PL- W. PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, JEANNETTE 10 SUMMERWIND CIR. PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEHRENDT, BEVERLY 36 VERANDA WAY PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sandra Campbell 9 Pine Croft Lane Palm Coast, Fl. 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GLEASON, BARBARA 27 WELDNER PL. PALM COAST FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Date Daytime Phone #