FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 13 PM 1:38

DOCUMENT # 739286 (3)

1. Corporation Name
THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1517 SW 29 AVE FT. LAUDERDALE FL 33312	1517 SW 29 AVE FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1977
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1744388 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent
DAVENPORT, GUY
1517 SW 29 AVE
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Guy Davenport GUY DAVENPORT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	TRUBEY, LILLIAN	1.2 NAME	
STREET ADDRESS	1415 NE 4TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, FRED	2.2 NAME	
STREET ADDRESS	315 NW 40TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	VP D	3.1 TITLE	☐ Change ☐ Addition
NAME	WARTH, JUDITH	3.2 NAME	
STREET ADDRESS	823 NW 98TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, VIRGINIA	4.2 NAME	
STREET ADDRESS	721 NW 73 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~YOUNG, HARRY~~	5.2 NAME	DAVID LEWIS
STREET ADDRESS	~~1105 NE 16TH AVE.~~	5.3 STREET ADDRESS	PO BOX 352
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33302
TITLE	~~D~~	6.1 TITLE	D ☐ Change ☐ Addition
NAME	~~OASYSSALLY FISHER~~	6.2 NAME	CASH, SALLY FISCHER
STREET ADDRESS	~~000 NW 37TH ST.~~	6.3 STREET ADDRESS	300 NW 37 ST
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Henry FRED HENRY 2-6-95 564-8417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048260