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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **735511** **(8)**

1. Corporation Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA , INC.

Principal Place of Business	Mailing Address
207 BRADLEY DRIVE, N.E. FT. WALTON BCH FL 32547-2812	207 BRADLEY DRIVE, N.E. FT. WALTON BCH FL 32547-2812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1976
3a. Date of Last Report: 04/29/1994
4. FEI Number: 51-0201772 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCALL, EILEEN O.
207 BRADLEY DRIVE, N.E.
FT. WALTON BCH FL 32547-2812

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROGERS, MARTHA	12 NAME	
STREET ADDRESS	3490 NEW EBENEZER ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL 32567	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	~~TWITTY, BERNICE~~ FRED B. TURNER	22 NAME	
STREET ADDRESS	~~RT. 1 BOX 422A~~ P.O. Box 387 NA	23 STREET ADDRESS	
CITY-ST-ZIP	~~LAUREL HILL FL~~ CRESTVIEW, FL 32536	24 CITY-ST-ZIP	
TITLE	RS	31 TITLE	☐ Change ☐ Addition
NAME	WALTERS, CAROLYN	32 NAME	
STREET ADDRESS	265 BRIARWOOD CIRCLE, NW	33 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	34 CITY-ST-ZIP	
TITLE	CSD NANCY B. CRUTCHFIELD	41 TITLE	☐ Change ☐ Addition
NAME	~~HOWARD, MARY JANE~~ 6116 Pine Ridge Lane	42 NAME	
STREET ADDRESS	~~3490 E. JAMES LEE BLVD.~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~CRESTVIEW FL~~ CRESTVIEW, FL 32536	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, FRANCES, L	52 NAME	
STREET ADDRESS	927 HOLBROOK CIR	53 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL 32547	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: Frances L. Roberts MAR 25 (904)864-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANCES L. ROBERTS, TREASURER

0071043