

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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**

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FT. WALTON BCH FL 32547-2812**

3. Date Incorporated or Qualified
04/07/1976

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **PO** ☒ DELETE
NAME **ROGERS, MARTHA**
STREET ADDRESS **3490 NEW EBENEZER ROAD**
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE **VD** ☒ DELETE
NAME **TURNER, FRED B**
STREET ADDRESS **P.O. BOX 387**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **RS** ☒ DELETE
NAME **WALTERS, CAROLYN**
STREET ADDRESS **265 BRIARWOOD CIRCLE, NW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **CSO RS** ☐ DELETE
NAME **CRUTCHFIELD, NANCY B**
STREET ADDRESS **6116 PINE RIDGE LANE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **TD** ☐ DELETE
NAME **ROBERTS, FRANCES, L**
STREET ADDRESS **927 HOLBROOK CIR**
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PO** ☒ Change ☐ Addition
1.2 NAME **Boy S. Forsman**
1.3 STREET ADDRESS **110 Carl Brandt Drive**
1.4 CITY-ST-ZIP **Shalimar, FL 32579-1203**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Beth M. Johnston**
2.3 STREET ADDRESS **350 Lake Drive NW**
2.4 CITY-ST-ZIP **Fort Walton Beach, FL 23548-4154**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Frances L. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

904/864-2270

Date

Daytime Phone #

CR2E037 (12/95)