FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

739286

(3)

THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.

FILED May 20 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				(dodni sobol siki bilo biodi saki bish dibi bali bidi bidi bidi bidi		
1517 SW 29 AV FT. LAUDERDAL		1517 SW 29 AVE FT. LAUDERDALE FL 33312-3	381 9			
				3. Date Incorporated or Qualified 06/07/1977	3a. Date of Last Report 03/13/1996	
2. Principal Place of Business 21 828 N.W. 131 Avenue 26 P.O. Box 49			85	4. FEI Number 59-1744388	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State 23 Sun rise, FL.		City & State 28 Ft. Landerdale, Fi.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3332	Country	Zip	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 📈 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent	
DAVÆND	OPT GUV		81 Name	TRUDE THOMPSON		
DAVENPORT, GUY 1517 SW 29 AVE			82 Street /	Street Address P.O. Box Number is Not Acceptable) 82 B.N.W. 131 AVENUE		
FT. LAUI	DERDALE FL 33312				les Zin Codo	
			S CRY	ouncise	FL 33325	
ľ	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligated the section of the control of the c	and 617.1508, Florida Statutes of Florida. Such change was autions of, Section 617.0503, Flori	s, the above-named athorized by the corpida Statutes.	poration's board of directors. I hereby accep		
SIGNATURE	Signature, typed contribil name of registered agent	<u></u>	Rogistered Agent signature	required when reinstating)	5-//-97 DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	THOMPSON, TRUDE	L) DELETE	1.1 TITLE		Change Addition	
NAME STREET ADDRESS	828 NW 131 AVENUE		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE	D	Change Addition	
NAME	HENRY, FRED	<u></u>	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	D	☐ DELETE	3.4 TITLE		Change Addition	
NAME	L e wis, david		3.2 NAME			
STREET ADDRESS	1126 SOUTH FEDERAL HWY		3 3 STREET ADDRESS		į.	
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY - ST - ZIP			
TITLE	D	DELETE	4.1 TITLE	VP	Change Addition	
NAME	FLETCHER, VIRGINIA		4. 2 NAME	Delmar Rittle 2413 Flamingo Lane Ft. Lauderdale, FL. 3		
STREET ADDRESS	721 NW 73 AVE		4.3 STREE1 ADDRESS	2413 Flamingo Lane		
CITY-ST-ZIP	FT LAUDERDALE FL	T briese	4.4 CITY-ST-ZIP	Ft. hauderdäle, FL. 3	3312 Dudie	
TITLE	VP	☐ DELETE	S.T. IIILL	P	Change Addition	
NAME	VOLLMAN, CHARLES		5.2 NAME			
STREET ADDRESS	2004 N 31 AVENUE		5.3 \$TREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL	DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE	D TOURS LILLIAM	Utitit	6.1 TITLE		Change Addition	
NAME	TRUBEY, LILLIAM		6.2 NAME			
STREET ADDRESS	1415 NE 4 PLACE		6.3 STREET ADDRESS			
CITY-ST-ZIP :	FT. LAUDERDALE FL		64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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.

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