

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90021 025 \*\*\*\*61.25

**DOCUMENT # 735511**

1. Entity Name

**GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA  
 , INC.**

Principal Place of Business

Mailing Address

5403 FAIRCHILD RD  
 CRESTVIEW FL 32539  
 US

PO BOX 1175  
 FT. WALTON BCH FL 32549  
 US

2. Principal Place of Business

6034 Garden City Road

3. Mailing Address

rh

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

4. FEI Number

51-0201772

Applied For

Not Applicable

Zip

32539

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75. Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, FRANCES  
 5403 FAIRCHILD RD  
 CRESTVIEW FL 32539

Name Ronald Senterfitt

Street Address (P.O. Box Number is Not Acceptable)  
6034 Garden City Road

City Crestview

FL

Zip Code

32539

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.

SIGNATURE

Ronald W. Senterfitt

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ronald Senterfitt, President

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Past Pres./Director ☐ Delete  
 NAME WHITAKER, FRANCES  
 STREET ADDRESS 5403 FAIRCHILD RD  
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE President/Director ☐ Change ☒ Addition  
 NAME Ronald Senterfitt  
 STREET ADDRESS 6034 Garden City Road  
 CITY-ST-ZIP Crestview, FL 32539

TITLE SD ☒ Delete  
 NAME GERDEL, MARGARET A  
 STREET ADDRESS 28 HOLMES BLVD  
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE 2nd Vice-Pres/Director ☐ Change ☒ Addition  
 NAME Carolyn Senterfitt  
 STREET ADDRESS 6034 Garend City Road  
 CITY-ST-ZIP Crestview, FL 32539

TITLE TD ☐ Delete  
 NAME RUCKEL, C W  
 STREET ADDRESS 222 ROCKWOOD LN  
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME HARRIS, MARGARET M  
 STREET ADDRESS 37 MAPLES ST, NW  
 CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE 1st Vice-Pres/Director ☒ Change ☐ Addition  
 NAME Margaret M. Harris  
 STREET ADDRESS 239 LaFitte Crescent  
 CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Recording Secy./Director ☐ Change ☒ Addition  
 NAME Doris C. Szarowicz  
 STREET ADDRESS 297 Georgia St., NW  
 CITY-ST-ZIP Crestview, FL 32536-2535

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Corresponding Secy./Director ☐ Change ☒ Addition  
 NAME Donna E. Fleming  
 STREET ADDRESS 460 Walden St.  
 CITY-ST-ZIP Crestview, FL 32539

12. I 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 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:

Ronald W. Senterfitt  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)