


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90028 049 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000009064	
1. Entity Name THE GENEALOGICAL SOCIETY OF GREATER MIAMI, INC.	

Principal Place of Business P.O. BOX 162905 MIAMI, FL 33116-9205	Mailing Address P.O. BOX 162905 MIAMI, FL 33116-9205
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DO NOT WRITE IN THIS SPACE

03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number <del>59-0015000</del> 69-1607518	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, DEBORAH A 9441 SW 106 AVE. MIAMI, FL 33176-2634
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOND, JOAN 7613 SW 102 PLACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMSTRONG, LAURA 10791 SW 48TH TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTENSEN, JOHN 452 NW 82 AVENUE APT 801 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOIESEN, DORIS 144 SOUTH DRIVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> <u>Doris Boiesen</u>	<u>DORIS BOIESEN, TREASURER</u>	<u>April 22, 2004</u>	<u>305-887-0229</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #