


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 018 ****61.25

DOCUMENT # 713023 1. Entity Name SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.					
Principal Place of Business 6215 SAUTERNE DR JACKSONVILLE, FL 32210			Mailing Address P.O. BOX 2801 JACKSONVILLE, FL 32203-2801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6215576	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERGUSON, JON 1278 WOLFE STREET JACKSONVILLE, FL 32205-8306				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete				
NAME	FERGUSON, JON				
STREET ADDRESS	1278 WOLFE STREET				
CITY-ST-ZIP	JACKSONVILLE, FL 322058306				
TITLE	VD <input type="checkbox"/> Delete				
NAME	SKINNER, DOT				
STREET ADDRESS	1003 CAHOON ROAD SOUTH				
CITY-ST-ZIP	JACKSONVILLE, FL 322216163				
TITLE	DV <input type="checkbox"/> Delete				
NAME	DOLING, FAY				
STREET ADDRESS	4916 KING RICHARD ROAD				
CITY-ST-ZIP	JACKSONVILLE, FL 32210				
TITLE	T <input type="checkbox"/> Delete				
NAME	THOMPSON, MYRA				
STREET ADDRESS	191 HOLLY KNOWE ROAD				
CITY-ST-ZIP	ORANGE PARK, FL 320037810				
TITLE	S <input checked="" type="checkbox"/> Delete				
NAME	MASSIE, TANYA				
STREET ADDRESS	10962 LUANA DRIVE NORTH				
CITY-ST-ZIP	JACKSONVILLE, FL 32246				
TITLE	S <input checked="" type="checkbox"/> Delete				
NAME	BRASSELL, CAROLYN				
STREET ADDRESS	5201 ATLANTIC BLVD. #142				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	S GALLOPS-Smith, Pat				
STREET ADDRESS	959 McTyre Court				
CITY-ST-ZIP	Jacksonville, FL 32254				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	S BROWN, Carl Wood				
STREET ADDRESS	4734 Waverly Lane				
CITY-ST-ZIP	Jacksonville, FL 32210				
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: <i>Jon Ferguson</i> JON R FERGUSON, PRES 1/21/05 904 388-8959					