

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90026 010 \*\*\*\*61.25

<b>DOCUMENT # N02000009064</b> 1. Entity Name <b>THE GENEALOGICAL SOCIETY OF GREATER MIAMI, INC.</b>					
Principal Place of Business <b>P.O. BOX 162905 MIAMI, FL 33116-9205</b>			Mailing Address <b>P.O. BOX 162905 MIAMI, FL 33116-9205</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1607518</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAKER, DEBORAH A 9441-SW-106 AVE. MIAMI, FL 33176-2634</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, JOAN		NAME		
STREET ADDRESS	7613 SW 102 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, LAURA		NAME		
STREET ADDRESS	10791 SW 48TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, JOHN		NAME		
STREET ADDRESS	452 NW 82 AVENUE APT 801		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOIESEN, DORIS		NAME		
STREET ADDRESS	144 SOUTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patricia Martin	
STREET ADDRESS			STREET ADDRESS	4501 SW 62 CT	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33155-5936	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ann Doole	
STREET ADDRESS			STREET ADDRESS	7530 SW 29ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33155-2719	
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> <i>Patricia Martin</i> <b>Patricia Martin</b>			<b>1/12/05 305-525-1428</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT

50012141  
# NO 288000 9064

The Genealogical Society of Greater Miami, Inc.  
Additional Officers 2004-2006

Title: R/D  
Name: Deborah A. Baker  
Street Address: 9441 SW 106 Avenue  
City, ST, Zip: Miami, FL 33175-2634

Title: D  
Name: Stan Flanders  
Street Address: 200 SE 15th Road, Apt. 14D  
City, ST, Zip: Miami, FL 33129-1204

Title: D  
Name: Barbara Klein  
Street Address: 14463 SW 138 Court  
City, ST, Zip: Miami, FL 33186-7217