


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 033 ****61.25

DOCUMENT # N02000009064	
1. Entity Name THE GENEALOGICAL SOCIETY OF GREATER MIAMI, INC.	

60031649

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04282006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1607518	Applied For <input type="checkbox"/> 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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BOND, JOAN 7613 SW 102 PLACE MIAMI, FL 33156	<input type="checkbox"/> Delete
PD ARMSTRONG, LAURA 10791 SW 48TH TERRACE MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
SD CHRISTENSEN, JOHN 452 NW 82 AVENUE APT 801 MIAMI, FL 33126	<input type="checkbox"/> Delete
TD BOESEN, DORIS 144 SOUTH DRIVE MIAMI, FL 33166	<input type="checkbox"/> Delete
VPD MARTIN, PATRICIA 4501 SW 62 CT MIAMI, FL 331553936	<input checked="" type="checkbox"/> Delete
VPD DOOLE, ANN 7530 SW 29 ST MIAMI, FL 331552719	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD MARTIN, Patricia 4501 SW 62 COURT MIAMI, FL 33155-3936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Doris Boesen DORIS BOESEN April 28, 2006 305-887-8993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #