


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90029 004 ****61.25

DOCUMENT # 739286 1. Entity Name THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.			
Principal Place of Business 11950 NW 30 PLACE SUNRISE, FL 33323 US		Mailing Address PO BOX 485 FORT LAUDERDALE, FL 33323 US	
2. Principal Place of Business - No P.O. Box # 1420 S.E. 10th ST		3. Mailing Address Suite, Apt. #, etc.	
City & State DEERFIELD BEACH FL		City & State	
Zip 33441	Country USA	Zip	Country
6. Name and Address of Current Registered Agent AUSTIN, ADELAIDE JUDY 11950 NW 30 PLACE SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name PATRICIA A. MCKEON Street Address (P.O. Box Number is Not Acceptable) 1420 S.E. 10th ST City DEERFIELD BEACH FL Zip Code 33441	
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 <i>Patricia A. McKeon</i> DATE 3-20-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSTIN, ADELAIDE JUDY 11950 NW 30 PLACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUTNER, SANDRA 741 NW 36 STREET OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	119 TIDDLE CIR JONESBOROUGH TN 37659 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKEON, PATRICIA 1420 SE 10TH ST DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, VIRGINIA 721 NW 73 AVENUE FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, EVE 252 SW 61 AVE PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI PETRILLO, BARBARA 7506 PINEWALK DR SO MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" 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: *Patricia A. McKeon* DATE: **3-20-07**
Patricia A. McKeon, Treasurer

SEE ATTACHED

954-428-9281
TEL NO.

ATTACHMENT

60027847

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ANNUAL REPORT

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GENEALOGICAL SOCIETY OF BROWARD COUNTY INC

Block 11

Addition

D

Ann Dooley 608 First Key Dr Fort Lauderdale FL 33304

Patricia J McLean
954-428-9281