2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000007776

1. Entity Name

THE GENEALOGICAL SOCIETY OF OKEECHOBEE
SOCIETY OF OKEECHOBEE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 10 AM 8:35

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
3043 SE 19TH CT OKEECHOBEE FL 34974	3043 SE 19TH CT OKEECHOBEE FL 34974

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, EVE 3043 SE 19TH CT OKEECHOBEE FL 34974	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (Note: Registered agent signature required when mailing.)

FILE NOW: FEE IS $61.25
Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	OLSON, EVE		NAME	
STREET ADDRESS	3043 SE 19TH CT		STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BROWN, ROGEL		NAME	600145347826
STREET ADDRESS	35 8TH ST BHR		STREET ADDRESS	03/10/09--01005--033 **61.25
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	
TITLE	TO	☐ Delete	TITLE	☐ Change ☐ Add
NAME	MYERS, ROSE		NAME	
STREET ADDRESS	509 SE 8TH ST.		STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WILLIAMSON, BETTY		NAME	
STREET ADDRESS	9200 NE 12TH DR.		STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	MORLEY, RHODA JOY		NAME	
STREET ADDRESS	3215 HWY. 441 N		STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP	
TITLE	TS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	MYERS, ERIC		NAME	
STREET ADDRESS	509 SE 8TH ST		STREET ADDRESS	B 3/11/09
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rosetta P Myers ROSETTA P MYERS 3-22-09 963-467-0