

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009064

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE GENEALOGICAL SOCIETY OF GREATER MIAMI, INC.

Current Principal Place of Business:

P.O. BOX 161648
MIAMI, FL 331161648

New Principal Place of Business:

9225 SW 142 STREET
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 161648
MIAMI, FL 331161648

New Mailing Address:

9225 SW 142 STREET
MIAMI, FL 33176

FEI Number: 59-1607518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, PATRICIA
4501 SW 62 CT
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOND, JOAN
Address: 9 HERMOSA DR
City-St-Zip: EUSTIS, FL 32726

Title: PD () Delete
Name: MARTIN, PATRICIA
Address: 4501 SW 62ND CT
City-St-Zip: MIAMI, FL 331553936

Title: SD () Delete
Name: CHRISTENSEN, JOHN
Address: 452 NW 82 AVENUE APT 801
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: KANET, JOAN
Address: 9225 SW 142 ST
City-St-Zip: MIAMI, FL 331766815

Title: VPD () Delete
Name: DOOLE, ANN
Address: 7530 SW 29 ST
City-St-Zip: MIAMI, FL 331552719

Title: VD () Delete
Name: SAWYER, JUDITH
Address: 12775 SW 25 TERR
City-St-Zip: MIAMI, FL 331751926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN A KANET

MRS

04/21/2009

Electronic Signature of Signing Officer or Director

Date