

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707301

**Entity Name:** FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

**Current Principal Place of Business:**

10257 WATERS EDGE COURT  
BROOKSVILLE, FL 34613

**FILED**  
**Apr 21, 2020**  
**Secretary of State**  
**5380939086CC**

**Current Mailing Address:**

P O BOX 18624  
TAMPA, FL 33679

**FEI Number: 59-1768965**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RIVERS, MARY L  
914 LAKE BROOKER COURT  
LUTZ, FL 33548 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATASCHER, TAMMY  
Address        10257 WATERS EDGE COURT  
City-State-Zip: BROOKSVILLE FL 34613

Title            TREASURER  
Name            RIVERS, MARY L  
Address        914 LAKE BROOKER COURT  
City-State-Zip: LUTZ FL 33548

Title            DIRECTOR  
Name            SANNER, JEAN  
Address        P O BOX 18624  
City-State-Zip: TAMPA FL 33679

Title            VP  
Name            GLOGOWSKI, DAVID  
Address        1600. TERNGLADE DRIVE  
City-State-Zip: LITHIA FL 33547

Title            SECRETARY  
Name            GALBRAITH, RUE L  
Address        1706 SANDERLING COURT  
City-State-Zip: BRANDON FL 33511

Title            DIRECTOR  
Name            BESCH, SHIRLEY  
Address        1515 RIVERSHORES WAY  
City-State-Zip: TAMPA FL 33603

Title            DIRECTOR  
Name            NEVILLE, ROSEMARIE  
Address        2909 BARCELONA STREET  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY LYONS RIVERS**

**TREASURER**

**04/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date