

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713023

**Entity Name:** SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .**Current Principal Place of Business:**6215 SAUTERNE DR  
JACKSONVILLE, FL 32210**Current Mailing Address:**P O BOX 7728  
JACKSONVILLE, FL 32238-7728 US**FEI Number:** 59-6215576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REED, ELIZABETH G  
2802 EVERHOLLY LANE  
JACKSONVILLE, FL 32223-0728 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	P
Name	REED, ELIZABETH G
Address	2802 EVERHOLLY LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	2VP
Name	LAWSON, MIKE
Address	4366 EDGEWATER CROSSING DR
City-State-Zip:	JACKSONVILLE FL 32257

Title	SD
Name	BENNETT, VALERIE
Address	6181 TRAFALGAR SQUARE
City-State-Zip:	JACKSONVILLE FL 32217

Title	1VP
Name	WINKO, DAN
Address	625 OAKLEAF PLANTATION PARKWAY UNIT 1014
City-State-Zip:	ORANGE PARK FL 32065

Title	TR
Name	BAHN, DAVID J
Address	13647 MYRICA CT
City-State-Zip:	JACKSONVILLE FL 32224

Title	AS
Name	CARTER, JEANNE
Address	1737 INWOOD TERRACE
City-State-Zip:	JACKSONVILLE FL 32207

*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: DAVID J. BAHN****TREASURER****02/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date