

2023 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:**CLAY, GARRY C
1931 WEB FOOT PLACE
SAINT JOHNS, FL 32259 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: GARRY C. CLAY****02/01/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MASTERS, ALANA
Address 11447 PANTHER CREEK PKWY
City-State-Zip: JACKSONVILLE FL 32221

Title CORRESPONDING SECRETARY
Name DUCLOSE, ELIZABETH
Address 2512 HERSCHEL ST
City-State-Zip: JACKSONVILLE FL 32204

Title HISTORIAN
Name BROWN, GIGI
Address 3832 CHAPELGATE ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title RECORDING SECRETARY
Name VAIL, PATRICIA
Address 5709 ST. ISABEL DRIVE
City-State-Zip: JACKSONVILLE FL 32277

Title 1VP
Name PRIBANIC, GEORGIA
Address 4492 SAN LORENZO BOULEVARD
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER
Name CLAY, GARRY
Address 1931 WEB FOOT PLACE
City-State-Zip: JACKSONVILLE FL 32259

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: GARRY CLAY**TREASURER****02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date