

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**FILED**
Jan 17, 2020
Secretary of State
9141821814CC**Current Principal Place of Business:**3 7TH STREET
SHALIMAR, FL 32579**Current Mailing Address:**PO BOX 1175
FT. WALTON BCH, FL 32549 US**FEI Number: 51-0201772****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HOGE, PHILIP R
144 DANA POINITE
NICEVILLE, FL 32578 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: PHILIP R HOGE****01/17/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BAKER, CINDY PRESIDENT
Address	3 7TH STREET
City-State-Zip:	SHALIMAR FL 32579

Title	1 VP
Name	KLEYPAS, MIKE
Address	100 LODGE ROAD
City-State-Zip:	FREEPORT FL 32439

Title	REC SEC
Name	BETHEA, BARBARA
Address	1951 CHEAPEAKE RIDGE
City-State-Zip:	FT WALTON BEACH FL 32547

Title	CORR SEC
Name	MORELAND, VAL
Address	26 TEMPLE AVE SW
City-State-Zip:	FT WALTON BCH FL 32548

Title	TRES
Name	HOGE, PHILIP
Address	144 DANA POINTE
City-State-Zip:	NICEVILLE FL 32578

Title	2 VP/MEMBERSHIP CHAIRPERSON
Name	BILES, JODIE
Address	517 SAMANA WAY
City-State-Zip:	NICEVILLE FL 32578

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: PHILIP HOGE**TREASURER****01/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date