

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**FILED**
Mar 04, 2016
Secretary of State
CC6360441592**Current Principal Place of Business:**1613 MYRTLEWOOD LANE
NICEVILLE, FL 32578**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 POINTE
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****03/04/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BASCH, SUE
Address	1613 MYRTLEWOOD LANE
City-State-Zip:	NICEVILLE FL 32578-8800

Title	1 VP, PROGRAMS
Name	GRAFTON, CHARLENE
Address	47 MARINE COVE #211
City-State-Zip:	NICEVILLE FL 32578-4162

Title	2 VP
Name	SHEPERD, JON
Address	105 PORT DRIVE
City-State-Zip:	SHALIMAR FL 32579

Title	REC SEC
Name	SHEPERD, KATHIE
Address	105 PORT DRIVE
City-State-Zip:	SHALIMAR FL 32579

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

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 R HOGE**TREASURER****03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date