

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**FILED**
Jan 16, 2014
Secretary of State
CC6039197105**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: No****Name and Address of Current Registered Agent:**BASCH, EYMARD R
1613 MYRTLEWOOD LANE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	YOUNG, JAMES
Address	1014 ASPEN CT
City-State-Zip:	FT WALTON BCH FL 32547-1002

Title	1 VP, PROGRAMS
Name	LESSARD, DEL
Address	813 VALPARAISO BLVD
City-State-Zip:	NICEVILLE FL 32578-3406

Title	2 VP
Name	BASCH, SUZANNE
Address	1613 MYRTLEWOOD LN
City-State-Zip:	NICEVILLE FL 32578-8800

Title	REC SEC
Name	PRUETT, PATRICIA
Address	610 REGATTA DR
City-State-Zip:	NICEVILLE FL 32578-2441

Title	CORR SEC
Name	LAWS, CARL
Address	811 DARLINGTON CT
City-State-Zip:	FT WALTON BCH FL 32547-3154

Title	TRES
Name	BASCH, EYMARD
Address	1613 MYRTLEWOOD LN
City-State-Zip:	NICEVILLE FL 32578-8800

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: EYMARD R. BASCH**TREASURER****01/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date