

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**FILED**
Jan 11, 2013
Secretary of State
CC4929848241**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 ELLIOTT, DONNA
Address 298 BULLOCK BLVD
City-State-Zip: NICEVILLE FL 32578Title 1 VP
Name ELLIOTT, KENNETH
Address 298 BULLOCK BLVD
City-State-Zip: NICEVILLE FL 32578Title 2 VP
Name BASCH, SUZANNE
Address 1613 MYRTLEWOOD LANE
City-State-Zip: NICEVILLE FL 32578Title RSEC
Name PRUETT, PATRICIA
Address 610 REGATTA
City-State-Zip: NICEVILLE FL 32578-2441Title CSEC
Name YOUNG, JAMES
Address 1014 ASPEN COURT
City-State-Zip: FORT WALTON BEACH FL 32547Title TRES
Name BASCH, EYMARD
Address 1613 MYRTLEWOOD LANE
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: EYMARD R. BASCH**TREASURER****01/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date