

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.**FILED**
Feb 12, 2021
Secretary of State
0725907230CC**Current Principal Place of Business:**#30 HOLLY AVE 102-E
SHALIMAR, FL 32579**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:**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****02/12/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	HARRIS, MARGARET MARIE PRESIDENT
Address	#30 HOLLY AVE 102-E
City-State-Zip:	SHALIMAR FL 32579
Title	REC SEC
Name	BETHEA, BARBARA
Address	1951 CHEAPEAKE RIDGE
City-State-Zip:	FT WALTON BEACH FL 32547
Title	TRES
Name	HOGE, PHILIP
Address	144 DANA POINTE
City-State-Zip:	NICEVILLE FL 32578

Title	1 VP & MEMBERSHIP CHAIRPERSON
Name	BILES, JODIE R
Address	1651 NORTHRIDGE RD
City-State-Zip:	NICEVILLE FL 32578
Title	CORR SEC
Name	ELLIOTT, DONNA
Address	298 BULLOCK BLVD
City-State-Zip:	NICEVILLE FL 32578
Title	VP & MEMBERSHIP CHAIRPERSON
Name	BILES, JODIE
Address	1651 NORTHRIDGE RD
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****02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date