

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739286

Entity Name: THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.**Current Principal Place of Business:**2050 EXETER C
BOCA RATON, FL 33434**Current Mailing Address:**2050 EXETER C
BOCA RATON, FL 33434 US**FEI Number: 59-1744388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HANES, CAROLYN A
2050 EXETER C
BOCA RATON, FL 33434 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:** CAROLYN A HANES

01/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	LARSON, BARB
Address	1304 AVOCADO ISLE
City-State-Zip:	FT. LAUDERDALE FL 33315

Title	PRESIDENT
Name	MCKENNEY, DIANA L
Address	8949 SW 52ND PLACE
City-State-Zip:	COOPER CITY FL 33328

Title	DIRECTOR
Name	STEVENS, ROBERT A
Address	1323 S. SHERMAN ST.
City-State-Zip:	LONGMONT CO 80501

Title	VP
Name	GADSON, CARNELL
Address	3121 NW 43RD PLACE
City-State-Zip:	OAKLAND PARK FL 33309

Title	SECRETARY
Name	TURIN, MIMI V
Address	4381 SW 100 TERRACE
City-State-Zip:	DAVIE FL 33328

Title	TREASURER
Name	HANES, CAROLYN A
Address	2050 EXETER C
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	TURETSKY, NANCY
Address	61 SE 3RD AVENUE
City-State-Zip:	HALLANDALE BEACH FL 33009

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: CAROLYN HANES**TREASURER**

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date