

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739286

**Entity Name:** THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.**Current Principal Place of Business:**11950 NW 30 PL  
FORT LAUDERDALE, FL 33323**Current Mailing Address:**PO BOX 485  
FORT LAUDERDALE, FL 33323 US**FEI Number: 59-1744388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AUSTIN, ADELAIDE J  
11950 NW 30 PL  
SUNRISE, FL 33323 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	TREASURER
Name	AUSTIN, ADELAIDE JUDY
Address	11950 NW 30 PL
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	FEARER, MARK
Address	4809 NW 49TH RD
City-State-Zip:	TAMARAC FL 33319

Title	DIRECTOR
Name	ADAMS, NANCY
Address	2880 NE 14 STREET 213
City-State-Zip:	POMPANO BEACH FL 33062

Title	PRESIDENT
Name	TARPY, PAT
Address	7623 SOUTHAMPTON TER, 210
City-State-Zip:	TAMARAC FL 33321

Title	SECRETARY
Name	PARKER, PATRICIA
Address	5701 SW 54 TER
City-State-Zip:	DACIE FL 33314

Title	DIRECTOR
Name	STARK, DAVID
Address	501 SW 181 AVE
City-State-Zip:	PEMBROKE PINES FL 33029

*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: ADELAIDE JUDY AUSTIN****TREASURER****04/15/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date