

**2013 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	TARPY, PAT
Address	10611 NW 71ST CT
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	LAW, BARBARA
Address	7730 NW 11 PL
City-State-Zip:	PLANATION FL 33322

Title	SECRETARY
Name	KELLY, DOROTHY CLARE
Address	9153D SW 23RD ST
City-State-Zip:	DAVIE FL 33324

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

Title	PRESIDENT
Name	BROOKE, HARRIETT
Address	7441 SW 42 PL
City-State-Zip:	DAVIE FL 33314

Title	DIRECTOR
Name	ADAMS, NANCY
Address	2880 NE 14 ST. APT 213
City-State-Zip:	POMPANO FL 33062

*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****01/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date