

2020 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

06/15/2020

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 6108 SW 48 COURT APT. 1
City-State-Zip: DAVIE FL 33314

Title DIRECTOR
Name REEP, JAMES W
Address 2141 NW 67TH AVE
City-State-Zip: SUNRISE FL 33313

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

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 A HANES

TREASURER

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date