

2024 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: Yes****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

01/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name KING, DIANE
Address 3031 OLD ORCHARD RD
City-State-Zip: DAVIE FL 33328

Title SECRETARY
Name SHAFFNER, PAMELA
Address 2127 TANBARK LANE
City-State-Zip: FORT LAUDERDALE FL 33312

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

Title DIRECTOR
Name RIVERA, NELLY J
Address 3460 PINEWALK DR. N.
 314
City-State-Zip: MARGATE FL 33063

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**

01/14/2024

Electronic Signature of Signing Officer/Director Detail

Date