

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003529

Entity Name: ENGLEWOOD GENEALOGICAL SOCIETY OF FLORIDA, INC.**Current Principal Place of Business:**C/O NANCY K SEE, TREAS
9149 GENESEE ST
PORT CHARLOTTE, FL 33981**Current Mailing Address:**PO BOX 795
ENGLEWOOD, FL 34295**FEI Number:** 65-1105544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEE, NANCY K
9149 GENESEE ST
PORT CHARLOTTE, FL 33981 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:** NANCY K SEE

01/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	SEE, NANCY K
Address	9149 GENESEE ST
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	CORRESPONDING SECRETARY
Name	DEMATTE, ROSE
Address	19163 NAVARRO ST
City-State-Zip:	VENICE FL 34293

Title	VP
Name	VALERI, MARIE C
Address	940 BARTLETT AVENUE
City-State-Zip:	ENGLEWOOD FL 34223

Title	RECORDING SECRETARY
Name	HAMMOND, NANCY
Address	42 MEDALIST CIRCLE
City-State-Zip:	ROTONDA WEST FL 33947-2183

Title	DIRECTOR 2021
Name	SKEELS, PAUL
Address	11037 BATELLO DR
City-State-Zip:	VENICE FL 34292

Title	DIRECTOR 2020
Name	CARLSON, SUSAN
Address	1142 ANDREWS ST
City-State-Zip:	ENGLEWOOD FL 34224-4502

Title	DIRECTOR 2019
Name	HOOLEY, MARGARET
Address	1990 GREENLAWN DR
City-State-Zip:	ENGLEWOOD FL 34223

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: NANCY K SEE

TREASURER

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date