

2017 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

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name INGLETON, SHARON
Address 3799 CADBURY CIRCLE
B-511
City-State-Zip: VENICE FL 34293

Title PRESIDENT
Name DAVIS, SUE
Address 1129 KITTIWAKE DRIVE
City-State-Zip: VENICE FL 34285

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

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

Title VICE PRESIDENT
Name FOBEAR, RUTHANNE
Address 6486 MECHLER
City-State-Zip: ENGLEWOOD FL 34224

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

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date