

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707301

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

15611 JERICHO DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P O BOX 18624
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-1768965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERS, MARY L
914 LAKE BROOKER COURT
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SIDONS, DIANE
Address: 303 W VIOLET
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: RIVERS, MARY L
Address: 914 LAKE BROOKER COURT
City-St-Zip: LUTZ, FL 33548

Title: P () Delete
Name: SMITH, ANDREW M
Address: 15611 JERICHO
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MORGAN, GEORGE G
Address: 15611 JERICHO DRIVE
City-St-Zip: ODESSA, FL 33556

Title: RS () Delete
Name: WUNDERLIN, TREVETTA
Address: 2013 CURRY RD
City-St-Zip: LUTZ, FL 335493706

Title: CS () Delete
Name: ROSE, LORAIN J
Address: 11811 COUNTRY COVE WAY
City-St-Zip: TAMPA, FL 336356304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WEISS, JIM
Address: 11721 PHOENIX CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY LYONS RIVERS

TREA

04/29/2008

Electronic Signature of Signing Officer or Director

Date