FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711917 (5)

1. Corporation Name

PALM BEACH COUNTY GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
FLAGLER PARK. CLEMATIS STREET P.O. BOX 1746 WEST PALM BEACH FL 33402	FLAGLER PARK. CLEMATIS STREET P.O. BOX 1746 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1966	3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7107721	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEPLEY, RAYMOND
212 DYER ROAD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MISS JANE M.	1.2 NAME	
STREET ADDRESS	~~2217 CAMBRIDGE RD.~~ 4564 Holly Lake Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~LANTANA FL~~ Lake Worth, FL 33463	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LENTSCH, MRS ALVIN	2.2 NAME	
STREET ADDRESS	3802 LAKE OSBORNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL ~~00000~~ 33461-6010	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRETT D	3.2 NAME	
STREET ADDRESS	237 WEDGEWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463-3078	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DAHRL E	4.2 NAME	
STREET ADDRESS	400 NE. 20TH STREET A206	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEPLEY, RAYMOND	5.2 NAME	
STREET ADDRESS	212 DYER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, ~~FL 00000~~ FL 33405-1218	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-25-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Shepley RAYMOND SHEPLEY 13 JAN 95 (407) 833-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047780