

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 711917 (5)**  
1. Corporation Name  
**PALM BEACH COUNTY GENEALOGICAL SOCIETY, INC.**



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

Mailing Address  
**FLAGLER PARK, CLEMATIS STREET  
P.O. BOX 1746  
WEST PALM BEACH FL 33402**

3. Date Incorporated or Qualified **12/07/1966** 3a. Date of Last Report **01/23/1995**

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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ALLEN, MISS JANE M.**

STREET ADDRESS **4564 HOLLY LAKE DR.**

CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ DELETE

NAME **LENTSCH, MRS ALVIN**

STREET ADDRESS **3802 LAKE OSBORNE DRIVE**

CITY-ST-ZIP **LAKE WORTH FL 33461-6010**

TITLE **PD** ☐ DELETE

NAME **BROWN, BRETT D**

STREET ADDRESS **237 WEDGEWOOD CIRCLE**

CITY-ST-ZIP **LAKE WORTH FL 33463-3078**

TITLE **PPD** ☐ DELETE

NAME **MOORE, DAHRL E**

STREET ADDRESS **400 NE. 20TH STREET A206**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD** ☐ DELETE

NAME **SHEPLEY, RAYMOND**

STREET ADDRESS **212 DYER ROAD**

CITY-ST-ZIP **WEST PALM BEACH FL 33405-1218**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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** 23 JAN 96 (407) 833-2640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)