FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711917

(5)

PALM BEACH COUNTY GENEALOGICAL SOCIETY, INC.

Principal Place of Business Mailing Address							a thursts and at times to dead at the same	8) 618() 818 ()	DISIN CIBIN CI	E 010 (00
FLAGLER PARK. CLEMATIS STREET P.O. BOX 1746 WEST PALM BEACH FL 33402		P.O. BOX	FLAGLER PARK. CLEMATIS STREET P.O. BOX 1746 WEST PALM BEACH FL 33402-1746					•		
TIQUE I FRANCES	NOTE WITH	HLV	NEOF FREE PEROFFIE OF OUR LITTLE				3. Date Incorporated or Qualified 12/07/1966	3a. Date	te of Last R 1/29/199	eport 96
2. Principal Pa	ace of Business	2a. Maili 26	ing Address			***************************************	4. FEI Number 23-7107721	.L	· · · · · · · · · · · · · · · · ·	oplied For
Suite, Apt	#, etc.		e, Apt. #, etc.				Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	3	City 4	& State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		Coi	untry		8. This corporation has liability for in		***********	
24	25 29 30			30			· · · · · · · · · · · · · · · · · · ·	. · —] No	. 100,002,
	9. Name and Address of Curren	nt Registered	Agent				10. Name and Address of New Reg	Jistered A	gent	
				_ ,	81	Name				
SHEPLEY, RAYMOND 212 DYER ROAD					82 Street Address (P.O. Box Number is Not Acce			le)		
	ALM BEACH FL 33405 FT 218	,			83					
N/					84	City		FL		Code
11. Pursuant to office or reagent. I ar	o the provisions of Sections 617.050 agistered agent, or both, in the State m familiar with, and accept the oblig	J2 and 617.150 of Florida. Su jations of, Sec	08, Florida Statu uch change was tion 617.0503, F	utes, the al authorize lorida Sta	bove d by tutes	named corporations.	oration submits this statement for the prior's board of directors. I hereby accep	urpose of c it the appo	hanging it intment as	s registered registered
SIGNATURE _	Signature, typed or printed name of offishered ag	nt and title if applic	e <i>no) Sterie</i> cable. (NO	Y TR	2-245	SURER	ed when reinstating)	3 SAW DATE	87	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			1S IN 12
TITLE	D		☐ DELETE	1,1 TE	TLE			Ţ.	Change	Addition
NAME	ALLEN, MISS JANE M.			1.2 N/	AME					
STREET ADDRESS	4564 HOLLY LAKE DR.	's l		1,3 S	TREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463 - C	301			TZ-YTK	T-ZIP		······································		·····
TITLE	0		☐ DELETE	2.1 TI	ITLE			ι	Change	Addition
NAME	LENTSCH, MRS ALVIN	_		2.2 N/	AME					
STREET ADDRESS	3802 LAKE OSBORNE DRIVE			2.3 \$7	TREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33461-6010	<u>) </u>			CITY-S	ST-ZIP				
TITLE	PD		[] DELETE	3.1 Tr				ι	Change	Addition
NAME	BROWN, BRETT D.			3.2 N/						
STREET ADDRESS	237 WEDGEWOOD CIRCLE			3.3 \$7	TREET /	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463-	- 30-78	Ori Fre		CITY-S	iT-ZIP	• , '			
TITLE	PPD		☐ DELETE	4.1 Ti				, i	Change	Addition
NAME	MOORE, DAHRL E.			4. 2 N			•			
STREET ADDRESS	400 N.E. 20TH STREET, A-200					ADDRESS				
CITY - ST - ZIP	BOCA RATON FL <u>3ツ4別</u>	-8102			ITY-ST	T-2IP		·····		
TITLE	TD		☐ DELETE	5.1 TI				L	Change	Addition
NAME	SHEPLEY, RAYMOND			5.2 N						
STREET ADDRESS	212 DYER ROAD	- 1818		5.3 \$7	TREET /	ADORESS				
CITY-ST-ZIP	WEST PALM BEACH FL 3340	5-1218			ITY-ST	T-ZIP		-		
TITLE			☐ DELETE	6.1 11	ITLE			, L	Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S ¹	TREET	ADDRESS	新東京が	1		
CITY OT 710				0.10	arv er	T 710				

14. I do hereby certify that the information supplied with this filing 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:

NATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

STAN97

FILED

Jan 16 1997 8:00am

Secretary of State

561)833-2640