

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90062 026 ****61.25

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DOCUMENT # 711917

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/07/1966

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

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

Raymond Shepley

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6 Jan 99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WHITTMAN, MARILY M**
CITY-ST-ZIP **701 N.W. 5TH AVE**
BOCA RATON FL 33432 - 2509

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LENTSCH, MRS ALVIN**
CITY-ST-ZIP **3802 LAKE OSBORNE DRIVE**
LAKE WORTH FL 33461-6010

TITLE ☐ DELETE
NAME **PPD**
STREET ADDRESS **BROWN, BRETT D**
CITY-ST-ZIP **237 WEDGEWOOD CIRCLE**
LAKE WORTH FL 33463-3078

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MOORE, DAHRL E**
CITY-ST-ZIP **400 N.E. 20TH STREET, A-206**
BOCA RATON FL 33431-8102

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **SHEPLEY, RAYMOND**
CITY-ST-ZIP **212 DYER ROAD**
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 **WHITTINGTON, MARILYN A**
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 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, with all other like empowered.

SIGNATURE:

Raymond Shepley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 99

DATE

(561) 833-2640

Daytime Phone #

CR2E037 (11/98)