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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713023

(0)

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .

 Principal Place of Busines 		***************************************					
	s	Mailing Address			1 (6013 1969) 11009 1101 0055 11000 11		
580 Blanding BLVD. IACKSONVILLE FL 32205		P.O. BOX 2801 JACKSONVILLE FL 32203-2801					
					3. Date Incorporated or Qualified 07/05/1967	3a. Date of Last Report 04/29/1996	
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-6215576	Applied For Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additiona	ı	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p)	Country 30	,	This corporation has liability for Florida Statutes	intangible tax under s. 199.032 ☑ Yes	2,
	and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			61	Name			
GRANT, CHARLES V 112 W ADAMS ST.	1		82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
JACKSONVILLE FL	32202		63				
			84	City		FL 85 Zip Code	
office or registered a	gent, or both, in the State o	and 617.1508, Florida Statu of Florida. Such change was ions of, Section 617.0503, F	authorized by	v the corpo	orporation submits this statement for the protection's board of directors. I hereby acceptation's	ourpose of changing its register pt the appointment as registers	red d
SIGNATURE	d slad namo el vasida- el agret	and tille fanctionals (MO	TE: Denistared As	Ant a combine re	on itself when an installed	DATE	
Signature, lype	d or printed name of registered agent OFFICERS AND			ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
Signature, lype	d or pviriled name of registered agent OFFICERS AND		TE: Registered Age 13. 1.1 TITLE	ent signature re	ADDITIONS/CHANGES TO OFFIC		lition
Signature, type 12. TiftE PD	OFFICERS AND	DIRECTORS	13.	ent signature re	ADDITIONS/CHANGES TO OFFICE PD	CERS AND DIRECTORS IN 12	lition
Signature, type 12. TITLE PD NAME WILSON	OFFICERS AND DORIS R.	DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE PD BALDWIN, SALLIE	CERS AND DIRECTORS IN 12 (X) Change	lition
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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, of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, of chapter 617, Florida Statutes; and that my name appears in Block 13 if changed in the corporation of the corpora

(904) 781-9119

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Feb 04 1997 8:00am

Secretary of State