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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **713023** **(0)**

1. Corporation Name
SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .

Principal Place of Business	Mailing Address
1580 BLANDING BLVD. JACKSONVILLE FL 32205	P.O. BOX 2601 JACKSONVILLE FL 32203-2601

3. Date Incorporated or Qualified: **07/05/1967**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-6215576** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT,CHARLES W 112 W ADAMS ST. JACKSONVILLE FL 32202	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 _____ 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILSON, DORIS R.		1.2 NAME	BALDWIN, SALLIE	
STREET ADDRESS	1425 DELMAR ST.		1.3 STREET ADDRESS	1242 Willow Oaks Drive, E.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BALDWIN, SALLIE		2.2 NAME	CARTER, PAULINE	
STREET ADDRESS	1242 WILLOWS OAKS DR E		2.3 STREET ADDRESS	1352 Mac Arthur Street	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HURST, EDWARD LEWIS		3.2 NAME	THRUN, AL	
STREET ADDRESS	773 FRUIT COVE DRIVE, E		3.3 STREET ADDRESS	5413 Cumberland Forest Lane	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	BILLY, JANICE		4.2 NAME	BILLY, JANICE	
STREET ADDRESS	1757 GLENDALE ST		4.3 STREET ADDRESS	1757 Glendale Street	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	S	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	BILLY, ANNE L.		5.2 NAME	WILSON, DORIS R.	
STREET ADDRESS	6239 SAGE DR		5.3 STREET ADDRESS	1425 Delmar Street	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	TOMLINSON, MILDRED P.		6.2 NAME	TOMLINSON, MILDRED P.	
STREET ADDRESS	2753 CLAREMONT CIR		6.3 STREET ADDRESS	2753 Claremont Circle	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

CR2E037 (9/96)

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: Doris R. Wilson DORIS R. WILSON, Secretary REQUIRED 21 January 1997 (904) 781-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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