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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 07/05/1967

4. FEI Number: 59-6215576 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT,CHARLES W
112 W ADAMS ST.
JACKSONVILLE FL 32202

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 _____ 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	SD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILSON, DORIS R.		1.2 NAME	Richard B. Cardell	
STREET ADDRESS	1425 DELMAR ST.		1.3 STREET ADDRESS	1519 Cornell Road	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville, FL 32207-7701	
TITLE	PD	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BALDWIN, SALLIE		2.2 NAME	Jon Ferguson	
STREET ADDRESS	1242 WILLOWS OAKS DR E		2.3 STREET ADDRESS	1278 Wolfe Street	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32205-8306	
TITLE	VD	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	HURST, EDWARD LEWIS		3.2 NAME	Robert Saint-Amand	
STREET ADDRESS	773 FRUIT COVE DRIVE, E		3.3 STREET ADDRESS	3410 Rogero Road	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32277-2554	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BILLY, JANICE		4.2 NAME		
STREET ADDRESS	1757 GLENDALE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BILLY, ANNE L.		5.2 NAME		
STREET ADDRESS	6239 SAGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	TOMLINSON, MILDRED P.		6.2 NAME	Doris R. Wilson	
STREET ADDRESS	2753 CLAREMONT CIR		6.3 STREET ADDRESS	1425 Delmar Street	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32205-6100	

CR2E037 (10/97)

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.

SIGNATURE: [signature] February 14, 1998 904-387-9142