2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90025-048-$61.25-$61.25

DOCUMENT # 713023

1. Entity Name

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.

FILED
00 MAR 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1580 BLANDING BLVD. JACKSONVILLE FL 32205	P.O. BOX 2801 JACKSONVILLE FL 32203-2801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT,CHARLES W 112 W ADAMS ST. JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDLOCK, PERRY N 7220 CAMFIELD ST JACKSONVILLE FL 32222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jon R. Ferguson 1278 Wolfe Street Jacksonville, FL 32205-8306	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DENMARK, ILER DEAN 9534 BEAUCHAMP BLVD JACKSONVILLE FL 32205-6100	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Homer Young 2822 Birchwood Dr. Orange Park, FL 32073	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, DORIS R 1425 DELMAR STREET JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Maude E (Gene) Bonner 7951 McClelland Rd. Jacksonville, FL 32234-2701	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BILLY, JANICE 1757 GLENDALE ST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAGAN, IDA 7081 PAMELA DRIVE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kathy S. Finn 5711 Cedar Oaks Dr. Jacksonville, FL 32210-3884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITE, LYNN 4605 AMHERST STREET JACKSONVILLE FL 32205-7303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Shirley Douglas 7948 Triumph Lane Jacksonville, FL 32244-2402	☒ Change ☐ Addition SP

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon R. Ferguson JON R. FERGUSON 2/15/2000 904 388 8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #