

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90204 040 \*\*\*\*61.25

**DOCUMENT # 713023**

1. Entity Name

**SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.**



Principal Place of Business

**6215 SAUTERNE DR  
JACKSONVILLE FL 32210**

Mailing Address

**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

1st MOORE

CR2E037 (10/05)

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

**FERGUSON, JON  
1278 WOLFE STREET  
JACKSONVILLE FL 32205-8306**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FERGUSON, JON  
STREET ADDRESS 1278 WOLFE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205-8306

TITLE VD ☐ Delete  
NAME SKINNER, DOT  
STREET ADDRESS 1003 CAHOON ROAD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32221-6163

TITLE DV ☐ Delete  
NAME DOLING, FAY  
STREET ADDRESS 4916 KING RICHARD ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE T ☒ Delete  
NAME THOMPSON, MYRA  
STREET ADDRESS 191 HOLLY KNOWE ROAD  
CITY-ST-ZIP ORANGE PARK FL 32003-7810

TITLE S ☐ Delete  
NAME GALLOPS-SMITH, PAT  
STREET ADDRESS 959 MCTYRE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE S ☐ Delete  
NAME BROWN, CARL WOOD  
STREET ADDRESS 474 WAVERLY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME WEYMOUTH REED  
STREET ADDRESS 2802 EVERHOLLY LN  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE SD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Fay H. Doling, Treasurer/Director FAY H. Doling 904-226-7617