2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2007
Secretary of State

DOCUMENT# 713023

Entity Name: SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .

Current Principal Place of Business:

6215 SAUTERNE DR
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2801
JACKSONVILLE, FL 322032801

New Mailing Address:

FEI Number: 59-6215576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERGUSON, JON
1278 WOLFE STREET
JACKSONVILLE, FL 322058306 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FERGUSON, JON	
Address:	1278 WOLFE STREET	
City-St-Zip:	JACKSONVILLE, FL 322058306	
Title:	D	( ) Delete
Name:	SKINNER, DOT	
Address:	1003 CAHOON ROAD SOUTH	
City-St-Zip:	JACKSONVILLE, FL 322216163	
Title:	TD	( ) Delete
Name:	DOLING, FAY	
Address:	4916 KING RICHARD ROAD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	V	( ) Delete
Name:	WEYMOUTH, REED	
Address:	2802 EVERHOLLY LN.	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	SD	( ) Delete
Name:	GALLOPS-SMITH, PAT	
Address:	959 MCTYRE COURT	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	VD	(X) Delete
Name:	BROWN, CARL WOOD	
Address:	474 WAVERLY LANE	
City-St-Zip:	JACKSONVILLE, FL 32210	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	1VPD	(X) Change ( ) Addition
Name:	BROWN, CARL W	
Address:	4734 WAVERLY LN	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY H. DOLING T/D 08/04/2007

Electronic Signature of Signing Officer or Director — Date