

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713023

FILED  
Apr 30, 2008  
Secretary of State

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 ( )

**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: 1VPD ( ) Delete  
Name: BROWN, CARL W  
Address: 4734 WAVERLY LN  
City-St-Zip: JACKSONVILLE, FL 32210

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REED, ELIZABETH  
Address: 2802 EVERHOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WEYMOUTH, REED  
Address: 2802 EVERHOLLY LN.  
City-St-Zip: OUJACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition  
Name: DOUGLAS, SHIRLEY  
Address: 5663 WOLF CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32222

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

Electronic Signature of Signing Officer or Director

T-D

04/30/2008

Date