

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713023

FILED
May 20, 2009
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 ()**
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: REED, ELIZABETH
Address: 2802 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32222

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: OJACKSONVILLE, FL 32223

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1VPD (X) Change () Addition
Name: REED, WEYMOUTH
Address: 2802 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD (X) Change () Addition
Name: LEACH, MARCUS
Address: 540 COPPITT DR. S.
City-St-Zip: ORANGE PARK, FL 32073

Title: 2VPD (X) Change () Addition
Name: BROWN, CARL
Address: 4734 WAVERLY LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: LAWSON, MICHAEL
Address: 4366 EDGEWATER CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32257

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: MARCUS LEACH

TD

05/20/2009

Electronic Signature of Signing Officer or Director

Date