

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713023

FILED
May 13, 2010
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:

Name and Address of New Registered Agent:

FERGUSON, JON
1278 WOLFE STREET
JACKSONVILLE, FL 322058306 US

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
Name: FERGUSON, JON
Address: 1278 WOLFE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: 1VPD
Name: LAWSON, MICHAEL
Address: 4366 EDGEWATER CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: 2VPD
Name: REED, WEYMOUTH
Address: 2802 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD
Name: FRISBEE, BECKY, MICHAEL
Address: 2964 CAMPBELL ROAD
City-St-Zip: MIDDLEBURGH, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: MARCUS LEACH

TR

05/13/2010

Electronic Signature of Signing Officer or Director

Date