2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91039 050 ****61.25

DOCUMENT # 713023

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

Principal Place of Business	Mailing Address
6215 SAUTERNE DR JACKSONVILLE FL 32210	P.O. BOX 2801 JACKSONVILLE FL 32203-2801

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
FERGUSON, JON 1278 WOLFE STREET JACKSONVILLE FL 32205-8306	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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERGUSON, JON 1278 WOLFE STREET JACKSONVILLE FL 32205-8306	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAY, REGGIE 4639 MONUMENT POINT CIRCLE JACKSONVILLE FL 32225-1431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SKINNER, DOT 1003 Cahoon Road South Jacksonville, FL 32221-6163	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCKAY, HARRY 5743 JAMMES ROAD JACKSONVILLE FL 32244-1807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOLING, FAY 4916 King Richard Road Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMPSON, MYRA 191 HOLLY KNOWE ROAD ORANGE PARK FL 32003-7810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUDD, MARY 1255 COOK STREET JACKSONVILLE FL 32205-8314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOUGLAS, SHIRLEY 5663 WOLF CREEK DRIVE JACKSONVILLE FL 32222-1388	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Ferguson SIGNATURE REQUIRED JON FERGUSON 4/5/2003 (904) 388-8959