

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735511 (8)

1. Corporation Name

**GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA
, INC.**

Principal Place of Business

Mailing Address

**207 BRADLEY DRIVE, N.E.
FT. WALTON BCH FL 32547-2812**

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FT. WALTON BCH FL 32547-2812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1976

3a. Date of Last Report

04/29/1994

4. FEI Number

51-0201772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**MCCALL, EILEEN O.
207 BRADLEY DRIVE, N.E.
FT. WALTON BCH FL 32547-2812**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROGERS, MARTHA
STREET ADDRESS	3490 NEW EBENEZER ROAD
CITY - ST - ZIP	LAUREL HILL FL 32567
TITLE	VD
NAME	TRIPPY, BERNICE FRED B. TURNER
STREET ADDRESS	RT. 1 BOX 422A P.O. Box 387 NA
CITY - ST - ZIP	LAUREL HILL FL CRESTVIEW, FL 32536
TITLE	RS
NAME	WALTERS, CAROLYN
STREET ADDRESS	285 BRIARWOOD CIRCLE, NW
CITY - ST - ZIP	FORT WALTON BEACH FL 32547
TITLE	CSD
NAME	NANCY D. CRUTCHFIELD
STREET ADDRESS	HOWARD MARY JANE 6116 PINE RIDGE LANE
CITY - ST - ZIP	3400 E. JAMES LEE BLVD. CRESTVIEW FL CRESTVIEW, FL 32536
TITLE	TD
NAME	ROBERTS, FRANCES, L
STREET ADDRESS	927 HOLBROOK CIR
CITY - ST - ZIP	FT. WALTON BCH FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES L. ROBERTS, TREASURER

MAN 25

(904) 864-2270