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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, J. Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735511** (8)

1. Corporation Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 37 Maples Street

Suite, Apt. #, etc.

City & State

23 Fort Walton Bch, FL

Zip

24 32548

Country

25 USA

2a. Mailing Address

26 37 Maples Street

Suite, Apt. #, etc.

City & State

28 Fort Walton Bch, FL

Zip

29 32548

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/07/1976

4. FEI Number

51-0201772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Margaret M. Harris

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

37 Maples Street

83

84 City

Fort Walton Bch.

FL

85 Zip Code

32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Margaret M. Harris, President**

2/11/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **FORSMAN, JOY S**

STREET ADDRESS **110 CARL BRANDT DRIVE**

CITY-ST-ZIP **SHALIMAR FL**

TITLE **VD** ☒ DELETE

NAME **JOHNSTON, BETH M**

STREET ADDRESS **350 LAKE DRIVE NW**

CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **RS** ☐ DELETE

NAME **CRUTCHFIELD, NANCY B**

STREET ADDRESS **6116 PINE RIDGE LANE**

CITY-ST-ZIP **CRESTVIEW FL**

TITLE **TD** ☒ DELETE

NAME **ROBERTS, FRANCES, L**

STREET ADDRESS **927 HOLBROOK CIR**

CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Margaret M. Harris**

1.3 STREET ADDRESS **37 Maples Street**

1.4 CITY-ST-ZIP **Fort Walton Bch., FL 32548**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

No one presently serving as V.P.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Nancy B. Crutchfield**

3.3 STREET ADDRESS **6116 Pine Ridge Lane**

3.4 CITY-ST-ZIP **Crestview, Fl. 32539**

4.1 TITLE **Treasurer/Director** ☒ Change ☐ Addition

4.2 NAME **RUCKEL, C. WALTER**

4.3 STREET ADDRESS **P.O. Box 187**

4.4 CITY-ST-ZIP **Valparaiso, FL 32580**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 receiver 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: **Margaret M. Harris** **2/11/98** **880-243-4589**

CR2E037 (10/97)