

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90380 001 *****8.75
04-29-2004 90380 002 *****61.25

DOCUMENT # 735511

1. Entity Name
**GENEALOGICAL SOCIETY OF OKALOOSA COUNTY,
FLORIDA, INC.**



Principal Place of Business
~~6034 GARDEN CITY ROAD~~
~~CRESTVIEW, FL 32539 US~~
239 LaFitte Crescent
Fort Walton Beach, FL 32547

Mailing Address
PO BOX 1175
FT. WALTON BCH, FL 32549 US

66416714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
51-0201772

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~SENTERFITT, RONALD~~ ~~Margaret Harris~~
~~6034 GARDEN CITY ROAD~~ **239 LaFitte Crescent**
~~CRESTVIEW, FL 32539~~ **Fort Walton Beach, FL**
32547

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 **Margaret M. Harris**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Margaret M. Harris 4/22/04

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WHITAKER, FRANCES 5403 FAIRCHILD RD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENTERFITT, RONALD 6034 GARDEN CITY ROAD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUCKEL, C W 222 ROCKWOOD LN NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD HARRIS, MARGARET M 239 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SENTERFITT, CAROLYN 6034 GARDEN CITY ROAD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SZAROWICZ, DORIS C 297 GEORGIA ST. NW CRESTVIEW, FL 325362535	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Ronald Senterfitt 6034 Garden City Road Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Margaret Harris 239 LaFitte Crescent Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP Ronald Senterfitt 6034 Garden City Road Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Margaret M. Harris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret M. Harris 4/22/04

Date

Daytime Phone #

850-243-4589

*Attachment 66416714*

Division of Corporations

Annual Report

Page 2

Document Number

735511

Business Entity Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

Attachment

*U64167H
#735511*

City, State	<input type="text" value="Crestview"/>	<input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="32539"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="TD"/>
Officer/Director Signature	<input type="text" value="C. Walter Ruckel"/>

Sunbiz Home Page

Public Access Help

Attachment 66416714
Division of Corporations

Annual Report

Page 1

Document Number
735511

Business Entity Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

FEI Number

510201772

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

239 La Fitte Crescent

Suite, Apt. #, etc.

City, State

Fort Walton Beach

FL

Zip Code & Country

32547

US

Mailing Address

Address

PO BOX 1175

Suite, Apt. #, etc.

City, State

FT. WALTON BCH

FL

Zip Code & Country

32549

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Harris

Margaret

M

-or- RA Business Name

Address

239 La Fitte Crescent

Suite, Apt. #, etc.

City, State

Fort Walton Beach

FL

Zip Code & Country

32547

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Margaret M Harris

Attachment

66416714
#735511

Sunbiz Home Page

Public Access Help