

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 738953

1. Entity Name

FLORIDA STATE GENEALOGICAL SOCIETY INC.



Principal Place of Business

24 OLD POST RD
LONGWOOD, FL 32779 US

Mailing Address

24 OLD POST RD
LONGWOOD, FL 32779 US



02142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1740579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TED N
24 OLD POST RD
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | OSISEK, ANN M |
| STREET ADDRESS | 2155 HURON TRAIL |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | VD |
| NAME | RAMSEY, DEANNA D |
| STREET ADDRESS | 6504 KINGMAN TRAIL |
| CITY-ST-ZIP | TALLAHASSEE, FL 323091922 |
| TITLE | TD |
| NAME | WILLIAMS, TED N |
| STREET ADDRESS | 24 OLD POST RD |
| CITY-ST-ZIP | LONGWOOD, FL 327793305 |
| TITLE | SD |
| NAME | PORTER, MELODY N |
| STREET ADDRESS | 145 BELMONT DRIVE |
| CITY-ST-ZIP | THOMASVILLE, GA 317924704 |
| TITLE | D |
| NAME | BERGELT, ANN |
| STREET ADDRESS | 2615 N NARCOOSSEE ROAD |
| CITY-ST-ZIP | ST. CLOUD, FL 347718759 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000642107
03/01/07-80029-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ted N Williams (TED N WILLIAMS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 407-833-8583
Date Daytime Phone #