2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# 738953

Entity Name: FLORIDA STATE GENEALOGICAL SOCIETY INC.

Current Principal Place of Business:

24 OLD POST RD
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

24 OLD POST RD
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1740579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSISEK, ANN M
Address: 2155 HURON TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete
Name: RAMSEY, DEANNA D
Address: 6504 KINGMAN TRAIL
City-St-Zip: TALLAHASSEE, FL 323091922

Title: TD ( ) Delete
Name: WILLIAMS, TED N
Address: 24 OLD POST RD
City-St-Zip: LONGWOOD, FL 327793305

Title: SD ( ) Delete
Name: PORTER, MELODY N
Address: 145 BELMONT DRIVE
City-St-Zip: THOMASVILLE, GA 317924704

Title: D ( ) Delete
Name: BERGELT, ANN
Address: 2615 N NARCOOSSEE ROAD
City-St-Zip: ST. CLOUD, FL 347718759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED N WILLIAMS T 02/07/2008
Electronic Signature of Signing Officer or Director Date