

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738953

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** FLORIDA STATE GENEALOGICAL SOCIETY INC.

**Current Principal Place of Business:**

24 OLD POST RD  
LONGWOOD, FL 327793035 US

**New Principal Place of Business:**

**Current Mailing Address:**

24 OLD POST ROAD  
LONGWOOD, FL 327793035

**New Mailing Address:**

24 OLD POST RD  
LONGWOOD, FL 327793035 US

**FEI Number:** 59-1740579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, TED N  
24 OLD POST RD  
LONGWOOD, FL 327793035 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: BERGELT, ANN  
Address: 2615 N. NARCOOSSEE RD,  
City-St-Zip: ST. CLOUD, FL 347718759

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

Title: SD ( ) Delete  
Name: MARTIN, PATTI  
Address: 4501 SW 62ND COURT  
City-St-Zip: MIAMI, FL 331555936

Title: D ( ) Delete  
Name: STALEY, ANN  
Address: 6249 ALFREDO DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 322443171

Title: D ( ) Delete  
Name: BAST, ANZA  
Address: 1720 RACHEL LANE  
City-St-Zip: KISSIMMEE, FL 347446438

**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

TRES

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date