2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-14-2005 90095 015 ****61.25

DOCUMENT # 758550

1. Entity Name
TALLAHASSEE GENEALOGICAL SOCIETY, INC.

66017269

Principal Place of Business	Mailing Address
P. O. BOX 4371 TALLAHASSEE, FL 32315	P. O. BOX 4371 TALLAHASSEE, FL 32315
6504 Kingman Trail, Tallahassee, FL 32309	

04062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6504 Kingman Trail	P.O. Box 4371
Suite, Apt. #, etc. --	Suite, Apt. #, etc. --
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip / Country 32309 / Leon	Zip / Country 32315 / Leon

4. FEI Number
59-2125243
☐ Applied For
☐ Not Applicable

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
NELSON, GLYDEYNE G 2414 ROSEMARY TERRACE TALLAHASSEE, FL 32303	Name: STEED, ROBERT Street Address (P.O. Box Number is Not Acceptable): 6504 KINGMAN TRAIL City: TALLAHASSEE FL Zip Code: 32309

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: ROBERT STEED, PRESIDENT — 11 Apr 2005
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LD SPAN, EDNA 2351 SOUTHAMPTON DRIVE TALLAHASSEE, FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LD FOSTER, DIANE 501 COLDSTREAM DRIVE TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPMD LEBEL, LUCINDA 1115 LASSWADE DRIVE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPMD RAMSEY, DEANNA 6504 KINGMAN TRAIL TALLAHASSEE,FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD SMITH, EVELYN S 817 MARGO STREET TALLAHASSEE, FL 32305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD KITTENDORF, GAYLA 524 MILLER ROAD WOODVILLE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATSON, FRANCIS 1685 SILVERWOOD DRIVE TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRISBEE, THEORA S 1402 MITCHELL AVE TALLAHASSEE FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPPD PRICE, MARY ANNE 1445 SPRUCE AVENUE TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPPD VACANT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, CLYDEYNE G 2414 ROSEMARY TERRACE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, CLYDEYNE G 2414 ROSEMARY TERRACE TALLAHASSEE FL 32303	☐ Change ☒ 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: 4/11/05 (850)668-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #