
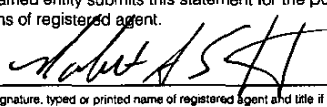
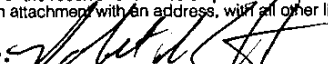


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90381 001 \*\*\*\*\*8.75

04-27-2006 90381 002 \*\*\*\*\*61.25

<b>DOCUMENT # 758550</b> 1. Entity Name <b>TALLAHASSEE GENEALOGICAL SOCIETY, INC.</b>					
Principal Place of Business <b>6504 KINGMAN TR TALLAHASSEE, FL 32309</b>			Mailing Address <b>P. O. BOX 4371 TALLAHASSEE, FL 32315</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2125243</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>FL</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STEED, ROBERT 6504 KINGMAN TR TALLAHASSEE, FL 32309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4/25/06	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD FOSTER, DIANE <input checked="" type="checkbox"/> Delete 501 COLDSTREAM DR TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMD RAMSEY, DEANNA <input checked="" type="checkbox"/> Delete 6504 KINGMAN TR TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD KITTENDORF, GAYLA <input type="checkbox"/> Delete 525 MILLER RD WOODVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRISSEE, THEORA S <input checked="" type="checkbox"/> Delete 1402 MITCHELL AVE TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, CLYDEYN G <input checked="" type="checkbox"/> Delete 2414 ROSEMARY TERRACE TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP RAMSEY, DEANNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6504 KINGMAN TR TALLAHASSEE, FL 32309				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD HEALD, DONNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P O BOX 1074 TALLAHASSEE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMD EORD, CLINITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2029 N MERIDIAN RD TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD KITTENDORF, GAYLA <input type="checkbox"/> Change <input type="checkbox"/> Addition 625 MILLER RD WOODVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRISBEE, THEORA S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1402 MITCHELL AVE TALLAHASSEE FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP RAMSEY, DEANNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6504 KINGMAN TR TALLAHASSEE, FL 32309				
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.					
<b>SIGNATURE:</b>  <b>Robert Steed, Pres.</b> <b>4/24/06</b> <b>850/222-3091</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					