

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758550

FILED
Apr 06, 2008
Secretary of State

Entity Name: TALLAHASSEE GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

6504 KINGMAN TR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4371
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-2125243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEED, ROBERT
6504 KINGMAN TR
TALLAHASSEE, FL 32309 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: LD () Delete
Name: HEALD, DONNA
Address: P O BOX 7074
City-St-Zip: TALLAHASSEE, FL

Title: VPMD () Delete
Name: FORD, CLINITA
Address: 2029 N MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: RSD () Delete
Name: WISCHMEYER, LAURIE
Address: 2663 BANTRY BAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: FRISBEE, THEORA S
Address: 1402 MITCHELL AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPP () Delete
Name: RAMSEY, DEANNA
Address: 6504 KINGMAN TR
City-St-Zip: TALLAHASSEE, FL 32309

Title: AD () Delete
Name: ALTMAN, BURT
Address: 4191 BRADFORDVILLE RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPMD (X) Change () Addition
Name: MAYNE, MYRT
Address: 2910 KERRY FORREST PKY D4-350
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: TD (X) Change () Addition
Name: PORTER, MELODY K
Address: 145 BELMONT DRIVE
City-St-Zip: THOMASVILLE, GA 31792

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: MELODY K. PORTER

TD

04/06/2008

Electronic Signature of Signing Officer or Director

Date