

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758550

FILED  
Apr 14, 2009  
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: MAYNE, MYRT  
Address: 2910 KERRY FORREST PKY D4-350  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

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

**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:

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

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date