

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758550

**FILED**  
**Jan 14, 2010**  
**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  
Name: HEALD, DONNA  
Address: P O BOX 7074  
City-St-Zip: TALLAHASSEE, FL

Title: VPMD  
Name: HUTSON, AMY  
Address: 2528 CLARA KEE BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

Title: PCD  
Name: COLLINS, JAY  
Address: 1822 ATAPHA NENE  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby 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 all other like empowered.

SIGNATURE: MELODY K. PORTER

TD

01/14/2010

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

\_\_\_\_\_  
Date