

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758550

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** TALLAHASSEE GENEALOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

497 STONE HOUSE RD  
TALLAHASSEE, FL 32301

**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:**

HENDERSON, ROBERT K  
497 STONE HOUSE RD  
TALLAHASSEE, FL 32301 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: LIB  
Name: HEALD, DONNA  
Address: P O BOX 7074  
City-St-Zip: TALLAHASSEE, FL 32314

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

Title: REC  
Name: FREE, ;BETTY J  
Address: 2663 BANTRY BAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TRES  
Name: HENDERSON, ROBERT K  
Address: 497 STONE HOUSE RD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PUB  
Name: DE GRAW, ALLEN  
Address: 1044 ROSCREA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PRES  
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: ROBERT K. HENDERSON

TREA

04/11/2012

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

\_\_\_\_\_  
Date