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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90008 020 \*\*\*\*61.25

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DOCUMENT # 759007

1. Corporation Name

ALACHUA COUNTY GENEALOGICAL SOCIETY, INC.

Principal Place of Business

1915 NW 3RD TERR.  
PO BOX 12078  
GAINESVILLE FL 32605

Mailing Address

1915 NW 3RD TERR.  
PO BOX 12078  
GAINESVILLE FL 32605



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/30/1981

4. FEI Number

59-2372257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, WILLIAM  
3415 NW 238 STREET  
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME KOCKRITZ, FLOREINE  
STREET ADDRESS 1920 S. W. ROCKY PT. RD  
CITY-ST-ZIP GAINESVILLE FL 32608-5422

TITLE D ☒ DELETE

NAME MOORE, JAMES  
STREET ADDRESS 1903 NW 38 TERR  
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME SIMPSON, MARTHA  
STREET ADDRESS 2716 NW 31 TERR  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME MURPHY, MARY FRAN  
STREET ADDRESS 6125 NW 41ST DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S ☒ DELETE

NAME WESTFALL, DAWN  
STREET ADDRESS 27801 174 ST  
CITY-ST-ZIP HIGH SPRINGS FL

TITLE T ☐ DELETE

NAME BIRKET, MARGARET  
STREET ADDRESS 3527 N.W. 38 ST  
CITY-ST-ZIP GAINESVILLE FL 32606-6134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME ELAINE BROWN

2.3 STREET ADDRESS 2415 NW 238 ST

2.4 CITY-ST-ZIP NEWBERRY, FL. 32669

3.1 TITLE DIRECTOR ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE MARY SINGLEY ☐ Change ☐ Addition

5.2 NAME 1415 NE 7 TERRACE

5.3 STREET ADDRESS GAINESVILLE, FL

5.4 CITY-ST-ZIP 32601

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Birket  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 January, 1999

352/371-1440

Date

Daytime Phone #

CR2E037 (11/98)