


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 759007 1. Entity Name ALACHUA COUNTY GENEALOGICAL SOCIETY, INC. |  |
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| 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 |
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2372257 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SINGLEY, MARY 1415 NE 7 TERR GAINESVILLE, FL 32601 |
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IN THIS SPACE**

2. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Singley (NOTE: Registered Agent signature required when reinstating) Jan 10, 2005 DATE

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POWELL, J PO BOX 292 WALDO, FL 32694 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SINGLEY, MARY 1415 N E 7TH TERRACE GAINESVILLE, FL 32601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MACDONALD, KATHERINE E 309 NE 1ST STREET GAINESVILLE, FL 32601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, MARY FRAN 6125 NW 41ST DRIVE GAINESVILLE, FL 32653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, B 5114 NW 27 TERRACE GAINESVILLE, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TAYLOR, GRACE "BETTY" 2116 NE 7TH TERRACE GAINESVILLE, FL 32609 |

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01/20/05-80010-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Singley Mary Singley Jan. 10, 2005 (352) 371-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #