## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 759007 1. Entity Name ALACHUA COUNTY GENEALOGICAL SOCIETY, INC.				Feb 27, 2006 08:00 AM Secretary of State
Principal Plac	e of Business	Malling Address		-
1915 NW 3RD TERR. PO BOX 12078 GAINESVILLE FL 32605		1915 NW 3RD TERR. PO BOX 12078 GAINESVILLE FL 32605		
2. Principal Place of Business		3. Mailing Address	·	T IMBRI THE STATE AND SOME SERVICES SERVED STATE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For Not Applied For
Zıp	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	01 F14 444 F14		Name	
SINGLEY, MARY 1415 NE 7 TERR GAINESVILLE FL 32601			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or primed name of registered agent	and title if applicable (NOTE	Registerod Agent signature requir	ed when remsiating) DATE
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing  \$5.00 May Be  Make Check Payable to  Trust Fund Contribution.  Added to Fees  Florida Department of State				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, J PO BOX 292 WALDO FL 32694	☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	□ Change □ AAGGE UNUNBO447898 NR/88/06-80073-023 61.25
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VPD SINGLEY, MARY 1415 N E 7TH TERRACE GAINESVILLE FL 32601	☐ Delete	Title Name Street acdress City-St-Zip	☐ Change ☐ Addition
HITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDONALD, KATHERINE E 309 NE 1ST STREET GAINESVILLE FL 32601	☐ Delete	ITTLE NAME SIREEI ADDRESS CITY-SI-ZIP	☐ Change ☐ Audiii.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARY FRAN 6125 NW 41ST DRIVE GAINESVILLE FL 32653	☐ Delete	Title NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, B 5114 NW 27 TERRACE GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adddii
HILE NAME STREET ADDRESS GITY-ST-ZIP	TAYLOR, GRACE "BETTY" 2116 NE 7TH TERRACE GAINESVILLE FL 32609	☐ Delete	TITLE NAME STREET AUGRESS CITY-ST-ZIP	☐ Change ☐ Adulti

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.