

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 004 ****61.25

DOCUMENT # 759007

1. Entity 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

40062523



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2372257

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGLEY, MARY
1415 NE 7 TERR
GAINESVILLE, FL 32601

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

April 11, 2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME POWELL, J
STREET ADDRESS PO BOX 292
CITY-ST-ZIP WALDO, FL 32694

TITLE PD ☒ Change ☐ Addition
NAME SINGLEY, MARY
STREET ADDRESS 1415 N.E. 7TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE VPD ☒ Delete
NAME SINGLEY, MARY
STREET ADDRESS 1415 N E 7TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE CSD ☒ Change ☐ Addition
NAME MURPHY, MARY FRAN
STREET ADDRESS 6125 N.W. 41ST DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE SD ☐ Delete
NAME MACDONALD, KATHERINE E
STREET ADDRESS 309 NE 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE VPD ☒ Change ☐ Addition
NAME POWELL, B.
STREET ADDRESS 5114 N.W. 27 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE D ☐ Change ☒ Addition
NAME BARLETT, PATTI
STREET ADDRESS 3101 S.W. 1ST WAY
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D ☒ Delete
NAME POWELL, B
STREET ADDRESS 5114 NW 27 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D ☐ Change ☒ Addition
NAME KATHLEEN MARSH
STREET ADDRESS 5211 N.W. 48 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE T ☐ Delete
NAME TAYLOR, GRACE "BETTY"
STREET ADDRESS 2116 NE 7TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Change ☒ Addition
NAME JACK B. WOOD
STREET ADDRESS 8008 S.W. 17TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32607-3444

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

SIGNATURE:

Grace W. Taylor

GRACE "BETTY" TAYLOR APRIL 11, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352/273-0729

ATTACHMENT 40062523

Form W-9
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Alachua County Genealogical Society

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ *non-profit* Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P.O. Box 12078

City, state, and ZIP code
Gainesville, Florida 32604-0078

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
59-23172257

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person *Grace W. Taylor, Treasurer* Date *April 2, 2007*

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,