

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90153 008 ****61.25

DOCUMENT # 760527

1. Entity Name

CENTRAL FLORIDA GENEALOGICAL SOCIETY, INC.



Principal Place of Business

4620 SADDLEWORTH CIRCLE
ORLANDO FL 32826-4126
US

Mailing Address

PO BOX 536309
ORLANDO FL 32853-6309
US



2. Principal Place of Business

1710 Westchester Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip 32789

Country USA

Zip

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

6. Name and Address of Current Registered Agent

POWELL, ELAINE
4620 SADDLEWORTH CIRCLE
ORLANDO FL 32826-4126

7. Name and Address of New Registered Agent

Name Belperche, Sallie
Street Address (P.O. Box Number is Not Acceptable)
1710 Westchester Ave
City Winter Park FL Zip Code 32789

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

Sallie D. Belperche

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

(NOTE: Registered Agent signature required when reinstating)

4-19-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE VD ☐ Delete
NAME SWISHER, MAURA
STREET ADDRESS 2529 E COMPTON ST
CITY-ST-ZIP ORLANDO FL 32806

TITLE DP ☒ Delete
NAME POWELL, ELAINE
STREET ADDRESS 4620 SADDLEWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL 32826-4126

TITLE VD ☐ Delete
NAME ENCHELMAYER, PAUL L
STREET ADDRESS 5160 LAZY OAKS DR.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD ☐ Delete
NAME BELPERCHE, SALLIE
STREET ADDRESS 1701 WESTCHESTER AVE.
CITY-ST-ZIP WINTER PARK FL 32789-5434

TITLE S ☒ Delete
NAME PHILLIPS, MARY
STREET ADDRESS 1436 BAHIA AVE
CITY-ST-ZIP ORLANDO FL 32807-1407

TITLE SD ☐ Delete
NAME TANNER, ANNE
STREET ADDRESS 331 LAS ALTOS WAY # 204
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Elizabeth Stockton
STREET ADDRESS 8501 Pajaro Ct.
CITY-ST-ZIP Orlando, FL 32836

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS 5124 Lazy Oaks Dr
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Mary Ellen Kammer
STREET ADDRESS 512 Ellsworth St.
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Sallie D. Belperche

Sallie D. Belperche

4-19-06

407-894-4675