


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 005 ****61.25

DOCUMENT # 760527	
1. Entity Name CENTRAL FLORIDA GENEALOGICAL SOCIETY, INC.	

Principal Place of Business 1710 WESTCHESTER AVE WINTER PARK, FL 32789 US	Mailing Address PO BOX 536309 ORLANDO, FL 32853-6309 US
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2. Principal Place of Business - No P.O. Box # 683 Post Oak Circle	3. Mailing Address
Suite, Apt. #, etc. Apt. 109	Suite, Apt. #, etc.
City & State Altamonte Springs	City & State
Zip 32701	Country USA



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2183828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent BELPERCHE, SALLIE 1710 WESTCHESTER AVE WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Rollin L. Clayton Street Address (P.O. Box Number is Not Acceptable) 683 Post Oak Circle, Unit 109 City Altamonte Springs FL Zip Code 32701
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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 Belperche DATE 14 April 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWISHER, MAURA 2529 E COMPTON ST ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cronlund, Gregg 7414 Burnway Dr Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCKTON, ELIZABETH 8501 PAJARO CT ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amatt, etc <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENCHELMAYER, PAUL L 5124 LAZY OAKS DR WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Powell, Elaine 4620 Saddleworth Circle Orlando, FL 32826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELPERCHE, SALLIE 1710 WESTCHESTER AVE WINTER PARK, FL 327895434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clayton, Rollin <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAMMERT, MARY ELLEN 512 ELLSWORTH ST ALAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clayton, Rollin 683 Post Oak Circle, Unit 109 Altamonte Springs FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASLER, CLAIRE 608 BRECKIN DRIVE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sallie D. Belperche Sallie Belperche 4-14-08 407-894-7675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #