

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760527

FILED
Jan 09, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

683 POST OAK CIRCLE
APT. 109
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 536309
ORLANDO, FL 328536309 US

New Mailing Address:

FEI Number: 59-2183828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTON, ROLLIN L
683 POST OAK CIRCLE, UNIT 109
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRONLUND, GREGG
Address: 7414 BRUNWAY DR.
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: STOCKTON, ELIZABETH
Address: 8501 PAJARO CT
City-St-Zip: ORLANDO, FL 32836

Title: VD () Delete
Name: POWELL, ELAINE
Address: 4620 SADLEWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: BELPERCHE, SALLIE
Address: 1710 WESTCHESTER AVE
City-St-Zip: WINTER PARK, FL 327895434

Title: TD () Delete
Name: CLAYTON, ROLLIN
Address: 683 POST OAK CIRCLE, UNIT 109
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: HASLER, CLAIRE
Address: 608 BRECKIN DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLLIN L. CLAYTON

TD

01/09/2009

Electronic Signature of Signing Officer or Director

Date