

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90030 029 ****61.25

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01052006 Chg-NP CR2E037 (11/05)

| | | | | | |
|---|------------------------------|---|--|---|--|
| DOCUMENT # 766017 1. Entity Name WEST FLORIDA GENEALOGICAL SOCIETY, INC. | | | | | |
| Principal Place of Business BAYVIEW CENTER 20TH AND LLOYD STS PENSACOLA, FL 32503 US | | | Mailing Address P.O. BOX 947 PENSACOLA, FL 32594 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2274488 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| REINHART, DAVID L 2309 GREENGRIER BLVD PENSACOLA, FL 32514 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | Zip Code <div style="text-align: right;">FL</div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEE-SCOTT, LAURA | | NAME | | |
| STREET ADDRESS | 6711 CAMELOT ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MILTON, FL 32570 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SMITH, ELIZABETH | | NAME | ROVA, BRUCE W. | |
| STREET ADDRESS | 7094 KELVIN TERRACE | | STREET ADDRESS | 2721 SUNRUNNER LANE | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | | CITY-ST-ZIP | GULF BREEZE FL 32563-5507 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REINHARDT, DAVID L | | NAME | | |
| STREET ADDRESS | 2309 GREENBRIAR BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32514 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANDERSON, CHARLES | | NAME | | |
| STREET ADDRESS | 905 EAST TEXAS | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEAGAN, GINNY | | NAME | | |
| STREET ADDRESS | 1609 NORTH SPRING ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARKS, RON | | NAME | | |
| STREET ADDRESS | 624 WAYNE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | | CITY-ST-ZIP | | |
| 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 full other like empowered. | | | | | |
| SIGNATURE: | | | 1/15/2006 850 474 0407 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |