


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 037 ****61.25

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
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
REINHART, DAVID L 2309 GREENGRIER BLVD PENSACOLA FL 32514

7. Name and Address of New Registered Agent
Name DAVID L. REINHART
Street Address (P.O. Box Number is Not Acceptable) 9976 FAIRWAY VILLAS LANE
City PENSACOLA FL Zip Code 32514

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 <u><i>David L. Reinhardt</i></u> 2/2/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Delete LEE-SCOTT, LAURA 6711 CAMELOT ROAD MILTON FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete ROVA, BRUCE W 2721 SUNTUNDET LANE GULF BREEZE FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete REINHART, DAVID L 2309 GREENBRIAR BLVD. PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ANDERSON, CHARLES 905 EAST TEXAS PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete DEAGAN, GINNY 1609 NORTH SPRING ST PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete PARKS, RON 624 WAYNE AVE PENSACOLA FL 32507

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRISCILLA NOLLES 9814 CHANDLER ST PENSACOLA 32534-1209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9976 FAIRWAY VILLAS LANE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dorothy Jacobs 416 S. 2nd St PENSACOLA FL 32507

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: <u><i>David L. Reinhardt</i></u> DAVID L. REINHART 2/2/2007 850-474-0407