2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# 766017

Entity Name: WEST FLORIDA GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

5740 N. 9TH AVE.
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 947
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-2274488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHART, DAVID L
9976 FAIRWAY VILLAS LANE
PENSACOLA, FL 32514 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: P
Name: ROVA, BRUCE
Address: 2721 SUNRUNNER LN.
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: JOHNSON, MAURICE
Address: 26530 COUNTY RD. 32
City-St-Zip: ELBERTA, AL 36530

Title: T
Name: KING, LILLIAN
Address: 100 FILLINGIM LN.
City-St-Zip: MOLINO, FL 32577

Title: S
Name: GLORISO, SHERRY
Address: 10100 HILLVIEW #309
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: PARKS, TARA
Address: 822 FLEMING CT.
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: MOSLEY, SHARON
Address: 1434 COLLEGE PKWY.
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN KING T 02/17/2011

Electronic Signature of Signing Officer or Director Date