

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90011 015 \*\*\*\*61.25

DOCUMENT # N00000008174

1. Entity Name

Elmer's Genealogy Library Inc

**DO NOT WRITE IN THIS SPACE**

44008886

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

203 S. Range St

Suite, Apt. #, etc.

3. Mailing Address

203 S Range St

Suite, Apt. #, etc.

City & State

Madison FL

City & State

Madison FL

4. FEI Number

59-3701933

Applied For

Not Applicable

Zip

32340

Country

Zip

32340

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Elmer C. Spear

Street Address (P.O. Box Number is Not Acceptable)

5421 N. State Rd 53

City

Madison

FL

Zip Code

32340

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMBS, PHILIP
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON FL 32340-2437
TITLE	D
NAME	JOHNSON, JACKIE
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON FL 32340-2437
TITLE	D
NAME	MEGGS, ED
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON FL 32340-2437
TITLE	D
NAME	SANDERS, TIM
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON, FL 32340-2437
TITLE	D
NAME	WILLIAMS, E.L (BOE)
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON FL 32340-2437
TITLE	S
NAME	NORRIS, SANDRA
STREET ADDRESS	203 S. RANGE ST
CITY-ST-ZIP	MADISON FL 32340-2437

TITLE	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMER C. SPEAR  
PRESIDENT

Date

Daytime Phone #

850-473-3282  
02/05/04

CR2E037B (12/01)

# Attachment 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT #</b> <u>N00000008174</u>	
<b>1. Entity Name</b> ELMER'S GENEALOGY LIBRARY, INC.	

44008886

<b>Principal Place of Business</b> 203 S RANGE ST MADISON, FL 32340	<b>Mailing Address</b> 203 S RANGE ST MADISON, FL 32340
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

01092004 Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3701933	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SPEAR, ELMER C  
~~RT 3, BOX 1720~~ 5421 N STATE ROAD 53  
 MADISON, FL 32340-2437

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>P SPEAR, ELMER C <input type="checkbox"/> Delete</p> <p>203 S RANGE ST MADISON, FL 323402437</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>D HARDEE, CARY <input type="checkbox"/> Delete</p> <p>203 S RANGE ST MADISON, FL 323402437</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><del>D WILLIAMS, BOE</del> <input checked="" type="checkbox"/> Delete</p> <p><del>203 S RANGE ST</del> <del>MADISON, FL 323402437</del></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>D CURT, WITCHER <input type="checkbox"/> Delete</p> <p>203 S RANGE ST MADISON, FL 323402437</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>VP MCLEOD, HENRY <input type="checkbox"/> Delete</p> <p>203 S. RANGE ST. MADISON, FL 323402437</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>T <sup>KER</sup> SCHNITZER, KAY <input type="checkbox"/> Delete</p> <p>203 S. RANGE ST. MADISON, FL 323402437</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_