

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008174

1. Entity Name  
ELMER'S GENEALOGY LIBRARY, INC.



Principal Place of Business  
203 S RANGE ST  
MADISON, FL 32340

Mailing Address  
203 S RANGE ST  
MADISON, FL 32340



04182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3701933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

SPEAR, ELMER C  
5421 N. STATE RD. 53  
MADISON, FL 32340-2437

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-2005

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME COMBS, PHILIP  
STREET ADDRESS 203 S RANGE ST  
CITY-ST-ZIP MADISON, FL 323402437

TITLE D  
NAME JOHNSON, JACKIE  
STREET ADDRESS 203 S RANGE ST  
CITY-ST-ZIP MADISON, FL 323402437

TITLE D  
NAME MEGGS, ED  
STREET ADDRESS 203 S RANGE ST  
CITY-ST-ZIP MADISON, FL 323402437

TITLE D  
NAME SANDERS, TIM  
STREET ADDRESS 203 S RANGE ST  
CITY-ST-ZIP MADISON, FL 323402437

TITLE D  
NAME WILLIAM, E.L.  
STREET ADDRESS 203 S. RANGE ST.  
CITY-ST-ZIP MARISOA, FL 323402437

TITLE S  
NAME NORRIS, SANDRA  
STREET ADDRESS 203 S. RANGE ST.  
CITY-ST-ZIP MARISOA, FL 323402437

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04/27/05-80114-011 61.25

**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 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 #

4-23-2005

850-973-3282