

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 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**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

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**

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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, 2006**

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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04/28/06-80010-020 61.25

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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 all other like empowered.

SIGNATURE: *Kay Schnitzer* **KAY SCHNITZER** **TREASURER** **4/11/06** **(850) 973-8980**