


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90464 018 ****61.25

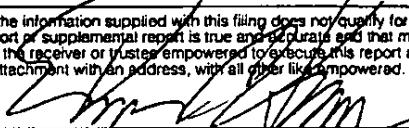
DOCUMENT # N00000008174					
1. Entity Name ELMER'S GENEALOGY LIBRARY, INC.					
Principal Place of Business 177 SW Range Avenue Madison, FL 32340-2437			Mailing Address PO Box 5 Pinetta, FL 32350-0005		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3701933	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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				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 \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Please change our address NOW to the
PO Box that we sent you in the past.

Elmer Spear Founder and President -
Cary Hardee 1st Vice President -
Phillip Combs 2nd Vice President -
Kay Schnitker Treasurer -
June Spear Secretary -

Mailing address for all officers is
PO Box 5, Pinetta, FL 32350-0005.

CITY-ST-ZIP	MARISOA, FL 32350
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: 	4-27-2007 850-929-2846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ELMER C. SPEAR