2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N00000008174

Entity Name: ELMER'S GENEALOGY LIBRARY, INC.

Current Principal Place of Business:

117 SW RANGE AVE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
PINETTA, FL 32350

New Mailing Address:

FEI Number: 59-3701933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEAR, ELMER C
5421 N. STATE RD. 53
MADISON, FL 323402437 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: D ( ) Delete
Name: COMBS, PHILIP
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: D ( ) Delete
Name: JOHNSON, JACKIE
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: D ( ) Delete
Name: MEGGS, ED
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: D ( ) Delete
Name: SANDERS, TIM
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: D ( ) Delete
Name: WILLIAM, E.L.
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: T ( ) Delete
Name: SCHNITKER, KAY
Address: PO BOX 5
City-St-Zip: PINETTA, FL 32350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, E.L.
Address: PO BOX 5
City-St-Zip: PINETTA, FL 323500005

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAY SCHNITKER T 04/22/2009

Electronic Signature of Signing Officer or Director — Date