

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003529

FILED
Apr 28, 2009
Secretary of State

Entity Name: ENGLEWOOD GENEALOGICAL SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

C/O ELSIE QUIRK LIBRARY
100 WEST DEARBORN STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 795
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 65-1105544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SUSAN A
1129 KITTIWAKE DRIVE
VENICE, FL 34285 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: P () Delete

Name: DAVIS, SUSAN A

Address: 1129 KITTIWAKE DRIVE

City-St-Zip: VENICE, FL 34285

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: GUTKNECHT, EUGENE A

Address: 1875 NEW POINT COMFORT ROAD

City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: S () Delete

Name: INGLETON, SHARON

Address: 4976 LAUREL HILL ROAD

City-St-Zip: VENICE, FL 34296

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T () Delete

Name: THOMAS, SALLY G

Address: 920 TAMiami TRAIL S. #150

City-St-Zip: VENICE, FL 34285

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: CHITTUM, GENI

Address: 1135 KITTIWAKE DR

City-St-Zip: VENICE, FL 34285

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: GLORIA, WETH

Address: 15 BUNKER PLACE

City-St-Zip: ROTUNDA W, FL 33974

Title: D (X) Change () Addition

Name: STILL, D'ANN

Address: 10125 GULFSTREAM BLVD

City-St-Zip: ENGLEWOOD, FL 34224

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: SUSAN A. DAVIS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date