

FILED  
Apr 02, 2003 8:00 am  
Secretary of State

03-20-2003 90153 031 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N02000000870

1. Entity Name  
ALLIANCE OF GENEALOGICAL SOCIETIES OF  
SOUTHWEST FLORIDA, INC.



Principal Place of Business  
C/O CHARLOTTE COUNTY GENEALOGICAL SOCIETY  
POST OFFICE BOX 494707  
PORT CHARLOTTE, FL 33949-4707

Mailing Address  
C/O CHARLOTTE COUNTY GENEALOGICAL SOCIETY  
POST OFFICE BOX 494707  
PORT CHARLOTTE, FL 33949-4707

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3633464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYDER, THOMAS  
26128 DUNEDIN COURT  
PUNTA GORDA, FL 33983

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

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

NOTE: Registered Agent signature required when changing.

DATE

FILE NOW! FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
BAECHLE, ROBERT  
24501 WOODSAGE DRIVE  
BONITA SPRINGS, FL 34134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PRESIDENT  
RYDER, THOMAS N.  
26128 DUNEDIN COURT  
PUNTA GORDA, FL 33983 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DANCY, JOAN  
4862 GOLF CLUB COURT A-4  
NORTH FORT MYERS, FL 33903 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VICE PRESIDENT  
DOEBLER, CHARLES  
8621 GLENEAGLE WAY  
NAPLES, FL 34120 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DOEBLER, CHARLES  
8621 GLENEAGLE WAY  
NAPLES, FL 34120 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SECRETARY  
FORD, CAROLYN  
5259 TIFFANY COURT  
CAPE CORAL, FL 33904 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
EVANS, ANN  
16060 BRIDGEWAY LANE  
FORT MYERS, FL 33919 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TREASURER  
RYDER, JOANNE D.  
26128 DUNEDIN CT.  
PUNTA GORDA, FL 33983 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
ECKHARDT, HELEN  
654 VINTAGE RESERVE CIRCLE #50  
NAPLES, FL 34119 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
FLESHMAN, BARBARA  
15550 BURNT SHORE ROAD #45  
PUNTA GORDA, FL 33966 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

JOANNE D. RYDER

March 19, 2003

941-625-6443

Signature and typed or printed name of signing officer or director

Date

Original Phone #

CR2007 (10/02)

# *Attachment #* **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N02000000870**

**1. Entity Name**  
**ALLIANCE OF GENEALOGICAL SOCIETIES OF  
SOUTHWEST FLORIDA, INC.**



*55021753*

**Principal Place of Business**  
C/O CHARLOTTE COUNTY GENEALOGICAL SOCIETY  
POST OFFICE BOX 494707  
PORT CHARLOTTE, FL 33949-4707

**Mailing Address**  
C/O CHARLOTTE COUNTY GENEALOGICAL SOCIETY  
POST OFFICE BOX 494707  
PORT CHARLOTTE, FL 33949-4707

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

*04-3633464*

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**7. Name and Address of New Registered Agent**

**RYDER, THOMAS**  
25128 DUNEDIN COURT  
PUNTA GORDA, FL 33983

**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**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW! FEE IS \$67.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Delete  
**BAECHLE, ROBERT**  
24501 WOODSAGE DRIVE  
BONITA SPRINGS, FL 34134

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**THOMAS N. RYDER**  
26128 DUNEDIN COURT  
PUNTA GORDA, FL 33983

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☒ Delete  
**DANCY, JOAN**  
4862 GOLF CLUB COURT A-4  
NORTH FORT MYERS, FL 33903

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**CAROLYN FORD**  
5239 TIFFANY COURT  
CAPE CORAL, FL 33904

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Delete  
**DOEBLER, CHARLES**  
8821 GLENEAGLE WAY  
NAPLES, FL 34120

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**JOANNE D. RYDER**  
26128 DUNEDIN COURT  
PUNTA GORDA, FL 33983

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☒ Delete  
**EVANS, ANN**  
15060 BRIDGEWAY LANE  
FORT MYERS, FL 33919

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**STANLEY BROOKS**  
179 VANCEY LANE  
NORTH FORT MYERS, FL 33903

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☒ Delete  
**ECKHARDT, HELEN**  
654 VINTAGE RESERVE CIRCLE #60  
NAPLES, FL 34119

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**SALLY T WARTER**  
2846 SW THIGPEN AVENUE  
ARCADIA, FL 34266

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Delete  
**FLESHMAN, BARBARA**  
15560 BURNT SHORE ROAD #46  
PUNTA GORDA, FL 33966

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Change ☒ Addition  
**MAUREEN KRANCOVIC**  
13529 ADMIRAL CT  
FORT MYERS, FL 33912

**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 the empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joanne D. Ryder* **JOANNE D. RYDER** **30 MARCH 2003** *941-625-6443*

Date

Daytime Phone #

CFR2E037 (10/02)