

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

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 048 ****61.25

DOCUMENT # N03000003683

1. Entity Name

GENEALOGY SOCIETY OF FLAGLER COUNTY, INC.



Principal Place of Business

2500 PALM COAST PKWY. NW
PALM COAST, FL 32135-4671

Mailing Address

P.O. BOX 354671
PALM COAST, FL 32135

50008227



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3710196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REICHARD, JOAN C
63 RIVER TRL. DR.
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS, JUANITA
STREET ADDRESS	130 WHISPERING PINE DR.
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	VD
NAME	BEHRENDT, BEVERLY
STREET ADDRESS	36 VERANDA WAY
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T
NAME	CURL, KEITH
STREET ADDRESS	53 PEBBLE CIRCLE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	SD
NAME	REICHARD, JOAN
STREET ADDRESS	63 RIVER TRL. DR.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	ASSISTANT TREASURER
NAME	SMITH, JEANNETTE
STREET ADDRESS	10 SUMMERWIND CIRCLE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 25, 2006 386-445-9068

Date

Daytime Phone #