

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003683

FILED
Jan 21, 2009
Secretary of State

Entity Name: GENEALOGY SOCIETY OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

2500 PALM COAST PKWY. NW
PALM COAST, FL 321354671

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 354671
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3710196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, SANDRA
9 PINE CROFT LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WARD, MARGARET
18 BEDFORD DR.
PALM COAST, FL 32137 US

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: MARGARET WARD

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALVATORE, MARCIA
Address: 3 BARDU PL
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: RESSER, DENISE
Address: 5 LAKESIDE PL- W.
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: SMITH, JEANNETTE
Address: 10 SUMMERWIND CIR.
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: CAMPBELL, SANDRA
Address: 9 PINE CROFT LANE
City-St-Zip: PALM COAST, FL 32137

Title: AT (X) Delete
Name: GLEASON, BARBARA
Address: 27 WELDNER PL.
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARPER, JOHN
Address: 22 AVALON DR
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: LIKINS, JAMIE
Address: 11 LINKINS AVE..
City-St-Zip: PALM COAST, FL 32137

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

Title: S (X) Change () Addition
Name: WARD, MARGARET
Address: 9 PINE CROFT LANE
City-St-Zip: PALM COAST, FL 32137

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: JOHN M. HARPER

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date