## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # N04000002957 03-10-2005 90136 049 \*\*\*\*61.25 WEST NASSAU GENEALOGICAL SOCIETY, INC. Principal Place of Business Mailing Address 54123 LISA DRIVE CALLAHAN FL 32011 54123 LISA DRIVE CALLAHAN FL 32011 7 U U N U U V N 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 86-1097157 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, LOITA W Street Address (P.O. Box Number is Not Acceptable) 54123 LIŠA DRIVE CALLAHAN FL 32011 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 reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. RESIDENI / D TITLE Delete TITLE Sheila Page ANE ☐ Addition JEAN MIZENL PLACE NAME STREET ADDRESS STREET ADDRESS VICE PRESIDENTID BETTY MADENTID ALLAHAN FL 32011 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete TH Change Addition JASPER GRIFFIN ETTY MATTHEWS NAME NAME 3414 MATTHEWS PL 45121 MICKLER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Delete TITLE ☐ Addition BETTY MATTHEWS PL LOITA W. PHILLIPS STREET ADDRESS STREET ADDRESS 54123 LISA DE FL 32011 CITY-ST-ZIP CITY-ST-ZIP **TITLE** TITLE ☐ Addition LOITA W. PHILLIPS 54123 LISA DE DONG KITE 3193 ARNOLD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE JEAN MIZELL 45/20 DORMAN Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 like empowered.

SIGNATURE:

LOIT A W. PHILLIPS 2 2-08 904-879-2112

FILED