

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 026 ****61.25

DOCUMENT # N04000002957

1. Entity Name
WEST NASSAU GENEALOGICAL SOCIETY, INC.



Principal Place of Business
**54123 LISA DRIVE
CALLAHAN, FL 32011**

Mailing Address
**54123 LISA DRIVE
CALLAHAN, FL 32011**

50001001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
86-1097157

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PHILLIPS, LOITA W
54123 LISA DRIVE
CALLAHAN, FL 32011**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	V/D	<input checked="" type="checkbox"/> Delete
NAME	PAGE, SHEILA	
STREET ADDRESS	45108 PEYTON LANE	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	MATTHEWS, BETTY	
STREET ADDRESS	45414 MATTHEWS PL	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, LOITA W	
STREET ADDRESS	54123 LISA DR	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, MARLENE	
STREET ADDRESS	34031 HAZEL JONES RD.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH HORNE	
STREET ADDRESS	P.O. Box 661	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA PAGE	
STREET ADDRESS	45108 PEYTON LANE	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	54031 Hazel Jones Rd	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY HIGGINBOTHAM	
STREET ADDRESS	46098 GRUMPY WAY	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sheila Page **Sheila Page**

11/16/07

904-879-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #