

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002957

FILED
Mar 17, 2009
Secretary of State

Entity Name: WEST NASSAU GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

54123 LISA DRIVE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

54123 LISA DRIVE
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 86-1097157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, SHEILA R
45108 PEYTON LANE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

PHILLIPS, LOITA W
54123 LISA DRIVE
CALLAHAN, FL 32011 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: LOITA W. PHILLIPS

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: MATTHEWS, GORDON
Address: 45414 MATTHEWS PL
City-St-Zip: CALLAHAN, FL 32011

Title: P/D () Delete
Name: HORNE, JOSEPH
Address: P.O. BOX 661
City-St-Zip: CALLAHAN, FL 32011

Title: TD () Delete
Name: PAGE, SHEILA
Address: 45108 PEYTON LANE
City-St-Zip: CALLAHAN, FL 32011

Title: SD () Delete
Name: YOUNG, MARLENE
Address: 54031 HAZEL JONES RD
City-St-Zip: CALLAHAN, FL 32011

Title: D (X) Delete
Name: HIGGINBOTHAM, DOROTHY
Address: 46098 GRUMPY WAY
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D (X) Change () Addition
Name: PAGE, SHEILA
Address: 45108 PEYTON LANE
City-St-Zip: CALLAHAN, FL 32011

Title: P/D (X) Change () Addition
Name: HIGGINBOTHAM, DOROTHY
Address: 46098 GRUMPY WAY
City-St-Zip: CALLAHAN, FL 32011

Title: TSD (X) Change () Addition
Name: PHILLIPS, LOITA W
Address: 54123 LISA DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: D (X) Change () Addition
Name: HIGGINBOTHAM, DOROTHY
Address: 46098 GRUMPY WAY
City-St-Zip: CALLAHAN, FL 32011

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: SHEILA PAGE

VD

03/17/2009

Electronic Signature of Signing Officer or Director

Date