

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002957

FILED  
Jan 08, 2010  
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:**

54123 LISA DRIVE  
CALLAHAN, FL 32011 US

**Current Mailing Address:**

54123 LISA DRIVE  
CALLAHAN, FL 32011

**New Mailing Address:**

54123 LISA DRIVE  
CALLAHAN, FL 32011 US

**FEI Number:** 86-1097157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** V/D  
**Name:** PAGE, SHEILA  
**Address:** 45108 PEYTON LANE  
**City-St-Zip:** CALLAHAN, FL 32011 US

**Title:** P/D  
**Name:** HIGGINBOTHAM, DOROTHY  
**Address:** 46098 GRUMPY WAY  
**City-St-Zip:** CALLAHAN, FL 32011 US

**Title:** TSD  
**Name:** PHILLIPS, LOITA W  
**Address:** 54123 LISA DRIVE  
**City-St-Zip:** CALLAHAN, FL 32011 US

**Title:** D  
**Name:** HORNE, JOSEPH  
**Address:** 45410 DIXIE AVENUE  
**City-St-Zip:** CALLAHAN, FL 32011 US

**Title:** D  
**Name:** HORNE, CLEO  
**Address:** 45410 DIXIE AVENUE  
**City-St-Zip:** CALLAHAN, FL 32011 US

I hereby 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 all other like empowered.

**SIGNATURE:** LOITA W. PHILLIPS

TSD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date