

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004475

FILED  
Jan 27, 2006  
Secretary of State

**Entity Name:** FLORIDA CHAPTER OF THE ASSOCIATION OF PROFESSIONAL GENEALOGISTS, INC.

**Current Principal Place of Business:**

250 S. OCEAN BLVD.  
#252  
DELRAY BEACH, FL 33483-675

**New Principal Place of Business:**

6491 YELLOWSTONE ST  
ORLANDO, FL 328074818

**Current Mailing Address:**

250 S. OCEAN BLVD.  
#252  
DELRAY BEACH, FL 33483

**New Mailing Address:**

P.O. BOX 574023  
ORLANDO, FL 328574023

**FEI Number:** 41-2136684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GHIGNA-HALLAS, GAIL  
1002 WASHINGTON AVENUE  
LEHIGH ACRES, FL 33972 US

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

GIROUX, AMY L  
6491 YELLOWSTONE ST  
ORLANDO, FL 328074818 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: AMY L GIROUX

01/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBINSON, RICHARD F  
Address: 250 S. OCEAN BLVD., #252  
City-St-Zip: DELRAY BEACH, FL 33483

Title: V ( ) Delete  
Name: KELLEY, JEAN F  
Address: 3122 WAVERLY PARK SOUTH  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: OSISEK, ANN MOHR  
Address: 2155 HURON TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: GHIGNA-HALLAS, GAIL  
Address: 1002 WASHINGTON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: C ( ) Delete  
Name: DAVIDSON, ALVIE L  
Address: 4825 N. GALLOWAY ROAD  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KELLEY, JEAN F  
Address: 3122 WAVERLY PARK SOUTH  
City-St-Zip: TAMPA, FL 33629

Title: V (X) Change ( ) Addition  
Name: MACOMBER, KENNETH D  
Address: 2354 CALLOWAY DR  
City-St-Zip: THE VILLAGES, FL 32162

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

Title: T (X) Change ( ) Addition  
Name: GIROUX, AMY L  
Address: 6491 YELLOWSTONE ST  
City-St-Zip: ORLANDO, FL 32807

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY L GIROUX

T

01/27/2006

Electronic Signature of Signing Officer or Director

Date