

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004475

FILED
Apr 17, 2008
Secretary of State

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

Current Principal Place of Business:

6491 YELLOWSTONE ST
ORLANDO, FL 328074818

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574023
ORLANDO, FL 328574023

New Mailing Address:

FEI Number: 41-2136684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIROUX, AMY L
6491 YELLOWSTONE ST
ORLANDO, FL 328074818 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: P () Delete
Name: KELLEY, JEAN F
Address: 3122 WAVERLY PARK SOUTH
City-St-Zip: TAMPA, FL 33629

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

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

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

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: DAVIDSON, ALVIE L
Address: 4825 N. GALLOWAY ROAD
City-St-Zip: LAKELAND, FL 33810

Title: V (X) Change () Addition
Name: BUTLER, JACK
Address: 73 DOROTHY LOOP
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: C (X) Change () Addition
Name: STALEY, ANN
Address: 6249 ALFREDO DRIVE W
City-St-Zip: JACKSONVILLE, FL 32244

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: AMY L GIROUX

T

04/17/2008

Electronic Signature of Signing Officer or Director

Date