

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004475

FILED
Apr 20, 2009
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: DAVIDSON, ALVIE L
Address: 4825 N. GALLOWAY ROAD
City-St-Zip: LAKE LAND, FL 33810

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

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: STALEY, ANN
Address: 6249 ALFREDO DRIVE W
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: KOHLER, BONNIE
Address: 181 RENDONDO WAY
City-St-Zip: WELLINGTON, FL 33414

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

Title: C (X) Change () Addition
Name: FRIEDENBERG, JUANITA
Address: 16138 SAGEBURSH RD
City-St-Zip: TAMPA, FL 33618

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

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04/20/2009

Electronic Signature of Signing Officer or Director

Date