

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004475

FILED  
Jan 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1038 COTTAGEVILLE LANE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1038 COTTAGEVILLE LANE  
THE VILLAGES, FL 32162

**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:**

RAND, PATRICIA W  
1038 COTTAGEVILLE LANE  
THE VILLAGES, FL 32162 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  
Name: BUTLER, JACK  
Address: PO BOX 819  
City-St-Zip: APOPKA, FL 32704

Title: V  
Name: HINEMAN, CYNTHIA  
Address: 10084 MERIDIAN WAY N, #1  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S  
Name: KOHLER, BONNIE  
Address: 181 RENDONDO WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: T  
Name: RAND, PATRICIA W  
Address: 1038 COTTAGEVILLE LANE  
City-St-Zip: THE VILLAGES, FL 32162

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: PATRICIA W RAND

TREA

01/07/2012

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

\_\_\_\_\_  
Date