2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N06000008854

Entity Name: GULF COUNTY GENELOGICAL SOCIETY, INC.

Current Principal Place of Business:

460 REDFISH STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

460 REDFISH STREET
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 20-5556563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOUNT-DOUDS, BEVERLY
460 REDFISH STREET
PORT ST JOE, FL 32456 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: D ( ) Delete
Name: MOUNT-DOUDS, BEVERLY
Address: 460 REDFISH STREET
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: PARKER, TOM JR
Address: 1316 WOODWARD AVE.
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: BRANCH, HENRIETTA
Address: 249 JOE AVE
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: LAWRENCE, PAM
Address: 1034 WOODWARD AVENUE
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change ( ) Addition
Name: FLOWERS, MARY ANN
Address: P.O. BOX 207
City-St-Zip: BLOUNTSTOWN, FL 32424

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: BEVERLY MOUNTS-DODDS D 07/05/2007

Electronic Signature of Signing Officer or Director — Date