

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40465**

1. Entity Name  
**FLORIDA CHAPTER OF THE OHIO GENEALOGICAL  
SOCIETY, INC.**



Principal Place of Business  
**426 SE 28 LOOP  
MELROSE, FL 32666**

Mailing Address  
**P.O BOX 466  
MELROSE, FL 32666-0466**



02132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2402322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HARPER, LESLIE  
426 SE 28 LOOP  
MELROSE, FL 32666**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PP  
FLESHMAN, BARBARA A  
15550 BURNT STORE RD  
PUNTA GORDA, FL 33955**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HARPER, LESLIE  
426 SE 28 LOOP  
MELROSE, FL 32666**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HOSTETLER, DAMON  
107 N CITRUS AVENUE  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
STONE, KAY  
2240 BANANA RD  
LAKELAND, FL 33810**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHAPMAN, GEORGE  
8213 DEAN ST  
ENGLEWOOD, FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000434806  
02/25/06-80015-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Leslie Harper - TRUST* LESLIE HARPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 FEB 06 352.475.5090**

Date

Daytime Phone #