

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 019 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-NP

CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **S** ☐ Delete
NAME **STONE, KAY**
STREET ADDRESS **2240 BANANA RD**
CITY-ST-ZIP **LAKE LAND, FL 33810**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 LESLIE HARPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 APR 2007 352-475-5090
Date Daytime Phone #