

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40465

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

426 SE 28 LOOP
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

P.O BOX 466
MELROSE, FL 326660466

New Mailing Address:

P.O BOX 466
MELROSE, FL 32666

FEI Number: 59-2402322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, LESLIE
426 SE 28 LOOP
MELROSE, FL 32666 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: PD () Delete
Name: FLESHMAN, BARBARA A
Address: 15550 BURNT STORE RD
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD () Delete
Name: HARPER, LESLIE
Address: 426 SE 28 LOOP
City-St-Zip: MELROSE, FL 32666

Title: PP () Delete
Name: HOSTETLER, DAMON
Address: 107 N CIRUS AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: STONE, KAY
Address: 2240 BANANA RD
City-St-Zip: LAKE LAND, FL 33810

Title: VP () Delete
Name: LIFTER, YOLANDA
Address: 1920 EVA LANE
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIFTER, YOLANDA
Address: 1920 EVA LANE
City-St-Zip: MALABAR, FL 32950 US

Title: TD (X) Change () Addition
Name: HARPER, LESLIE
Address: 426 SE 28 LOOP
City-St-Zip: MELROSE, FL 32666 US

Title: PP (X) Change () Addition
Name: FLESHMAN, BARBARA
Address: 15550 BURNT STORE RD #46
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S (X) Change () Addition
Name: STONE, KAY
Address: 2240 BANANA RD
City-St-Zip: LAKE LAND, FL 33810 US

Title: VP (X) Change () Addition
Name: WEST, LYLE
Address: 118 TIDY ISLAND BLVD
City-St-Zip: BRADENTON, FL 34210 US

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: LESLIE HARPER

TD

03/06/2009

Electronic Signature of Signing Officer or Director

Date