


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48988</b>	
1. Entity Name <b>GENEALOGICAL SOCIETY OF, SANTA ROSA COUNTY, FLORIDA, INC.</b>	

Principal Place of Business <b>5541 ALABAMA STREET MILTON, FL 32570 US</b>	Mailing Address <b>5541 ALABAMA STREET MILTON, FL 32570 US</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3110455</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WARINER, PATRICIA B  
5025 EAST LAKE ROAD  
MILTON, FL 32583-7111**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, JANICE 6929 HOLLAND ROAD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENFINGER, ETHEL 4449 NORA AVENUE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARINER, PATRICIA 5025 E LAKE ROAD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAIRFIELD, JEAN P.O. BOX 4462 MILTON, FL 325724462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80045-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Patricia B. Wariner SD Patricia B. Wariner* **2/4/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #