

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48988

FILED
Apr 15, 2005
Secretary of State

Entity Name: GENEALOGICAL SOCIETY OF, SANTA ROSA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

5541 ALABAMA STREET
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5541 ALABAMA STREET
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-3110455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARINER, PATRICIA B
5025 EAST LAKE ROAD
MILTON, FL 325837111 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: MALONE, JANICE
Address: 6929 HOLLAND ROAD
City-St-Zip: MILTON, FL 32583

Title: TD () Delete
Name: ENFINGER, ETHEL
Address: 4449 NORA AVENUE
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: WARINER, PATRICIA
Address: 5025 E LAKE ROAD
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: FAIRFIELD, JEAN
Address: P.O. BOX 4462
City-St-Zip: MILTON, FL 325724462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALONE, LENNIE
Address: 7240 EAVANS WAY
City-St-Zip: MILTON, FL 32570

Title: TD (X) Change () Addition
Name: DAUGETTE, EDNA
Address: 5903 HOGAN'S ALLEY
City-St-Zip: MILTON, FL 32570

Title: SD (X) Change () Addition
Name: BLACK, REBECCA
Address: 5712 CHELSA ST
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Change () Addition
Name: SMITH, MARIETTA
Address: 5701 TREVINO STREET
City-St-Zip: MILTON, FL 32570

Title: D () Change (X) Addition
Name: WARINER, PATRICIA
Address: 5025 EAST LAKE RD
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA WARINER

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date