

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48988

FILED  
Mar 23, 2006  
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, LENNIE  
Address: 7240 EAVANS WAY  
City-St-Zip: MILTON, FL 32570

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

Title: SD ( ) Delete  
Name: BLACK, REBECCA  
Address: 5712 CHELSEA ST  
City-St-Zip: PENSACOLA, FL 32526

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRESSLEY, GENE  
Address: 10420 RAWLINGS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MALONE, JANICE  
Address: 6929 HOLLAND ROAD  
City-St-Zip: MILTON, FL 325873 90

Title: VP (X) Change ( ) Addition  
Name: BLACK, REBECCA  
Address: 5712 CHELSEA STREET  
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA B. WARINER

D

03/23/2006

Electronic Signature of Signing Officer or Director

Date