2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# N48988

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	BLACK, REBECCA	
Address:	5712 CHELSEA STREET	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	TD	( ) Delete
Name:	ARD, VERNON	
Address:	7127 FLOYD DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	SD	( ) Delete
Name:	MALONE, JANICE	
Address:	6929 HOLLAND RD	
City-St-Zip:	MILTON, FL 32583	
Title:	VP	( ) Delete
Name:	DEBORAH, BIESBROCK	
Address:	7848 PINE LAKE RD	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	WARINER, PATRICIA	
Address:	5025 EAST LAKE ROAD	
City-St-Zip:	MILTON, FL 32583 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MCKINLEY, MIRIAM	
Address:	69	
City-St-Zip:	MILTON, FL 32583	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: PATRICIA B WARINER D 05/13/2008
Electronic Signature of Signing Officer or Director — Date