

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48988

**FILED**  
**May 18, 2012**  
**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:**

P. O. BOX 003  
MILTON, FL 32572 US

**New Mailing Address:**

**FEI Number:** 59-3110455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: CUPP, GLYNDA  
Address: 4814 VAN HORN ROAD  
City-St-Zip: MILTON, FL 32583 US

Title: TD  
Name: WARINER, PATRICIA  
Address: 5025 EAST LAKE RD  
City-St-Zip: MILTON, FL 32583 US

Title: SD  
Name: RUSZKOWSKI, PATRICIA  
Address: 6010 PROSPECT LANE  
City-St-Zip: PENSACOLA, FL 32526 US

Title: VP  
Name: NUGENT, CHERYL  
Address: 5339 SEWELL ROAD  
City-St-Zip: MILTON, FL 32570 US

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA B WARINER

D

05/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date