

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002458

FILED
Feb 12, 2009
Secretary of State

Entity Name: PASCO COUNTY GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

LDS CHURCH LIBRARY
9016 FORT KING RD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2072
DADE CITY, FL 335252072 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VANCE, CATHY
8002 QUAIL HOLLOW RD
ZEPHYRHILLS, FL 33543 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: P () Delete
Name: SHIRES, MARION
Address: 5215 EPPING LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP () Delete
Name: MORRIS, ANN
Address: 37543 LANDIS AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: KELLEY, JUDITH
Address: 18005 US 301 LOT 50
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: CANNEY, SUSAN
Address: 4002 RUSSIA OLIVE LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S () Delete
Name: KNOWLES, JOAN
Address: 4923 17TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T () Delete
Name: BRITTEN, VIRGINIA
Address: 37908 LAKE GILBERT CIR.
City-St-Zip: DADE CITY, FL 335251890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BALBACH, MARY ANN
Address: 3521 AZINGER LOOP
City-St-Zip: ZEPHYRHILLS, FL 33541

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: JOAN KNOWLES

S

02/12/2009

Electronic Signature of Signing Officer or Director

Date