

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003926

FILED
Apr 30, 2008
Secretary of State

Entity Name: AMELIA ISLAND GENEALOGICAL SOCIETY INC.

Current Principal Place of Business:

P.O. BOX 6005
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1910 N LAKESIDE DR.
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 6005
FERNANDINA BEACH, FL 32034

New Mailing Address:

P.O. BOX 6005
FERNANDINA BEACH, FL 32035

FEI Number: 59-3157323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOMEY, GLORIA
22 RED MAPLE RD
AMELIA ISLAND, FL 320345036 US

Name and Address of New Registered Agent:

LOVELESS, ROBERT
1910 N. LAKESIDE DR.
FERNANDINA BCH., FL 32034 US

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: ROBERT LOVELESS

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOOMEY, GLORIA
Address: 22 RED MAPLE RD
City-St-Zip: AMELIA ISLAND, FL 320345036

Title: VP () Delete
Name: KEANE, ROBERT
Address: 1793 MARINERS WALK
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: VARRASSE, FAITH E
Address: 96133 GRAVEL CREEK DR.
City-St-Zip: YULEE, FL 32097

Title: T () Delete
Name: VARRASSEE, RAYMOND R
Address: 96133 GRAVEL CREEK DR
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOVELESS, ROBERT
Address: 1910 N. LAKESIDE DRIVE
City-St-Zip: FERNANDINA BCH., FL 32034

Title: VP (X) Change () Addition
Name: SWEARINGEN, BERT C
Address: 95002 NANNY PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S (X) Change () Addition
Name: SANTRY, MARIE C
Address: 865 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BCH., FL 32034

Title: T (X) Change () Addition
Name: STURGES, DAVID K
Address: 2626 MCGREGOR BLVD.
City-St-Zip: FERNANDINA BCH., FL 32034

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: ROBERT LOVELESS

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date