

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003926

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** AMELIA ISLAND GENEALOGICAL SOCIETY INC.

**Current Principal Place of Business:**

22 RED MAPLE RD  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6005  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 59-3157323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOOMEY, MICHAEL  
22 RED MAPLE RD  
FERNANDINA BCH., FL 32034 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  
Name: TOOMEY, MICHAEL A  
Address: 22 RED MAPLE RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP  
Name: REINWALD, ROYCE C  
Address: 85714 BOSTICK WOOD DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S  
Name: TOOMEY, GLORIA  
Address: 22 RED MAPLE RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T  
Name: ANSTEAD, SUSAN J  
Address: 96333 BAY VIEW DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: SUSAN J. ANSTEAD

T

02/27/2012

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

\_\_\_\_\_  
Date