2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90368 043 ****61.25

DOCUMENT # N99000004558

1. Entity Name
GENEVA HISTORICAL AND GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 91 GENEVA, FL 32732	POST OFFICE BOX 91 GENEVA, FL 32732

04122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3594541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EPPERHART, MARGIE 543 HARNEY HEIGHTS ROAD GENEVA, FL 32732	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, MARY J 1450 LK HARNEY RD GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APPLETON, LARRY 219 WHITCOMB DR GENEVA FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALDERMAN, HELEN 321 2ND ST GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, MAHLON 1450 LK HARNEY RD GENEVA, FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MYERS, RON 701 OLD MIMS RD GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EPPERHART, MARGIE 543 HARNEY HEIGHTS RD GENEVA, FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, VAN 3712 ROUSE RD GENEVA, FL 32732	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COPPEDGE, AMY 151 CHURCH ST GENEVA FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITING, LORRAINE 502 CEMETERY RD GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOORHEES, LEE 678 LK HARNEY RD GENEVA, FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, B F JR 6065 LAKE CHARM CIRCLE OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMERALL, TOMMY 449 1ST ST GENEVA, FL 32732	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Myers RON MYERS TRES 4-12-04 407 466 7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #