

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004558**

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



Principal Place of Business

**POST OFFICE BOX 91  
GENEVA, FL 32732**

Mailing Address

**POST OFFICE BOX 91  
GENEVA, FL 32732**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number <b>59-3594541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EPPERHART, MARGIE  
543 HARNEY HEIGHTS ROAD  
GENEVA, FL 32732**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MARTIN, MARY J 1450 LK HARNEY RD GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ALDERMAN, HELEN 321 2ND ST GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MYERS, RON 701 OLD MIMS RD GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D APPLETON, LARRY 219 WHITCOMB DR GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHITING, LORRAINE 502 CEMETERY RD GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SUMMERSILL, TOMMY 449 1ST ST. GENEVA, FL 32732

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten signature: Ron Myers* **RON MYERS** *Handwritten date: 2-2-05* **2-2-05 4074667410**