

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004558

FILED
Apr 21, 2009
Secretary of State

Entity Name: GENEVA HISTORICAL AND GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

165 1ST STREET
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 91
GENEVA, FL 32732

New Mailing Address:

FEI Number: 59-3594541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPERHART, MARGIE
543 HARNEY HEIGHTS ROAD
GENEVA, FL 32732 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: SIMONTON, CYNTHIA B
Address: P O BOX 263
City-St-Zip: GENEVA, FL 32732

Title: S () Delete
Name: CREEDON, GINGER
Address: 1172 APACHE DR
City-St-Zip: GENEVA, FL 32732

Title: T () Delete
Name: MYERS, RON
Address: 701 OLD MIMS RD
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: APPLETON, LARRY
Address: 219 WHITCOMB DR
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: WHITING, LORRAINE
Address: 502 CEMETERY RD
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: SUMMERSILL, TOMMY
Address: 449 1ST ST.
City-St-Zip: GENEVA, FL 32732

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

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: RON MYERS

TRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date