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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758187 (9)

1. Corporation Name

WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
% CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE TAMPA FL 33615 US	% CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE TAMPA FL 33615-3451 US

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2435378 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BODISHBAUGH, CHARLIE
6420 MURRAY HILLS DRIVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	BODISHBAUGH, CHARLES		1.2 NAME	RON CROSBY	
STREET ADDRESS	6420 MURRAY HILL DR		1.3 STREET ADDRESS	8422 N. PACKWOOD AVE	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	TD	☒ DELETE	2.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	DAVIS, JAMS		2.2 NAME	GORDON BRUNhild	
STREET ADDRESS	11311 N. EDISON AVE.		2.3 STREET ADDRESS	3315 W. HORATIO ST	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	PD	☒ DELETE	3.1 TITLE	SECRETARY - DIRECTOR	☐ Change ☐ Addition
NAME	NUGENT, THOMAS		3.2 NAME	Michael DALLMER	
STREET ADDRESS	11103 SALT TREE LANE		3.3 STREET ADDRESS	6915 S. DESOTO St.	
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	VD	☒ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	CONNOR, JOHN		4.2 NAME	TOM HARDIN	
STREET ADDRESS	6916 NORTH CLEARVIEW AVE		4.3 STREET ADDRESS	12307 TALIAFERRO	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	SD	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	LEWIS, BILL		5.2 NAME	JIM SINGLETON	
STREET ADDRESS	1022 E CRENSHAW STREET		5.3 STREET ADDRESS	4407 WEST ANITA	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	ERIKSEN, ERIK		6.2 NAME	KERMIT J. HINES	
STREET ADDRESS	18132 GUNN HIGHWAY		6.3 STREET ADDRESS	5700 N. NEBRASKA AVE	
CITY-ST-ZIP	ODESSA FL		6.4 CITY-ST-ZIP	TAMPA, FL 33604	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Crosby Ronald CROSBY President 1/30/97 813-932-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048244