

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 15 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758187 (9)**  
1. Corporation Name  
**WEST STATE ARCHAEOLOGICAL SOCIETY, INC.**



Principal Place of Business <b>% CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE TAMPA FL 33615 US</b>	Mailing Address <b>% CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE TAMPA FL 33615 US</b>
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3. Date Incorporated or Qualified <b>10/29/1981</b>	4. FEI Number <b>59-2435378</b>	Applied For Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<b>CROSBY, RON</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>8422 N PACKWOOD AVE</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>T</b>	<b>BRUNHILD, GORDON</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>3315 W HORATIO ST</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>SD</b>	<b>DALLMER, MICHAEL</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>6915 S DESOTO ST</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>VPD</b>	<b>HARDIN, TOM</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>12307 TALIAFERRO</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>SINGLETON, JIM</b> <input type="checkbox"/> DELETE
NAME	<b>4407 WEST ANITA</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>HINES, KERMIT J.</b> <input type="checkbox"/> DELETE
NAME	<b>5700 N NEBRASKA AVE</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Michael T. Waldron</b>
1.3 STREET ADDRESS	<b>6601-C Markstown Dr.</b>
1.4 CITY-ST-ZIP	<b>Tampa FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RON CROSBY</b>
2.3 STREET ADDRESS	<b>3315 W Horatio St.</b>
2.4 CITY-ST-ZIP	<b>Tampa FL</b>
3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Brunhild Gordon</b>
3.3 STREET ADDRESS	<b>3315 W Horatio St</b>
3.4 CITY-ST-ZIP	<b>Tampa FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VICE PRESIDENT VPD</b>
4.3 STREET ADDRESS	<b>RON CROSBY</b>
4.4 CITY-ST-ZIP	<b>8422 N. Packwood Ave Tampa, FL</b>
5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GENE FERNANDEZ</b>
5.3 STREET ADDRESS	<b>10701 SEMINOLE AVN.</b>
5.4 CITY-ST-ZIP	<b>TAMPA FL</b>
6.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>BRUNHILD, GORDON</b>
6.3 STREET ADDRESS	<b>13127 PRESTWICK DR.</b>
6.4 CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_

**4-1-98**

CFR2037 (10/97)