

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 765823 (0)**  
1. Corporation Name  
**ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.**

Principal Place of Business Mailing Address  
**1800 MARSTON PLACE TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1982** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2373559** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for interjurisdictional tax under S. 189.052, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**FISCHER, GEORGE R.  
1800 MARSTON PLACE  
TALLAHASSEE FL 32312-0426**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
P **JOHNSTON, PAUL F.  
NATL MUSEUM OF AMER HIS  
WASHINGTON DC**  
D **GRENIER, ROBERT  
1800 LIVERPOOL COURT  
OTTAWA, ONT., CANADA**  
S **SEIFERT, BETTY L  
JEFFERSON PATTERSON PK  
ST LEONARD MD**  
V **CARRELL, TONI  
CORPUS CHRISTI MUSEUM  
CORPUS CHRISTI TX**  
D **STRIGHT, MELANIE  
MINERALS MANAGEMENT SER  
HERNDON VA**  
T **FISCHER, GEORGE R.  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **P  
CARRELL, TONI**  
1.3 STREET ADDRESS **CORPUS CHRISTI MUSEUM**  
1.4 CITY - ST - ZIP **CORPUS CHRISTI, TX**  Change  Addition  
2.1 TITLE **V**  
2.2 NAME **GRENIER, ROBERT**  
2.3 STREET ADDRESS **1600 LIVERPOOL COURT**  
2.4 CITY - ST - ZIP **OTTAWA, ONT. CANADA**  Change  Addition  
3.1 TITLE **S**  
3.2 NAME **STRIGHT, MELANIE**  
3.3 STREET ADDRESS **MINERALS MANAGEMENT SER**  
3.4 CITY - ST - ZIP **HERNDON, VA**  Change  Addition  
4.1 TITLE **T**  
4.2 NAME **FISCHER, GEORGE R**  
4.3 STREET ADDRESS **FLORIDA STATE UNIVERSITY**  
4.4 CITY - ST - ZIP **TALLAHASSEE, FL**  Change  Addition  
5.1 TITLE **P**  
5.2 NAME **JOHNSTON, PAUL F.**  
5.3 STREET ADDRESS **NATL MUSEUM OF AMER HIS**  
5.4 CITY - ST - ZIP **WASHINGTON, D.C.**  Change  Addition  
6.1 TITLE **D**  
6.2 NAME **SEIFERT, BETTY L.**  
6.3 STREET ADDRESS **JEFFERSON PATTERSON PK**  
6.4 CITY - ST - ZIP **ST LEONARD MD**

**REMITTED 27 MAY 95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 110.07(3)(k), 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: George R. Fischer **George R. Fischer 4/24/95 904/385-0903**  
Date (Type in Name)