

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 11/19/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2373559
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

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)

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
85 Zip Code: **FL**

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	P <input type="checkbox"/> DELETE
NAME	CARRELL, TONI
STREET ADDRESS	CORPUS CHRISTI MUSEUM
CITY-ST-ZIP	CORPUS CHRISTI TX
TITLE	V <input type="checkbox"/> DELETE
NAME	GRENIER, ROBERT
STREET ADDRESS	1600 LIVERPOOL COURT
CITY-ST-ZIP	OTTAWA, ONT., CANADA
TITLE	S <input type="checkbox"/> DELETE
NAME	STRIGHT, MELANIE
STREET ADDRESS	MINERALS MANAGEMENT SER
CITY-ST-ZIP	HERNDON VA
TITLE	T <input type="checkbox"/> DELETE
NAME	FISCHER, GEORGE R
STREET ADDRESS	FLORIDA STATE UNIVERSITY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, PAUL F
STREET ADDRESS	NATL. MUSEUM OF AMER HIS
CITY-ST-ZIP	WASHINGTON DC
TITLE	D <input type="checkbox"/> DELETE
NAME	SEIPERT, BETTY L
STREET ADDRESS	JEFFERSON PATTERSON PK
CITY-ST-ZIP	ST LEONARD MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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* DATE: *April 12, 1996* DAYTIME PHONE #: *904/395-0903*

CR2E037 (12/95)