FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

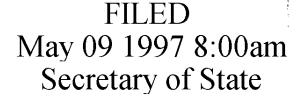
DOCUMENT #

(0)

ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.

Principal Place of Business

Mailing Address





1800 MARSTON PLACE TALLAHASSEE FL 32312		1800 Marston Place Tallahassee FL 32312-34	1800 MARSTON PLACE TALLAHASSEE FL 32312-3426					
					3. Date Incorporated or Qualified 11/19/1982	3a. Date of Last F 04/15/198		
	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26	· · · · · · · · · · · · · · · · · · ·		59-2373559	N	ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent				
			8	1 Name			ŀ	
FISCHER, GEORGE R. 1800 MARSTON PLACE				2 Street Add	et Address (P.O. Box Number is Not Acceptable)			
TALLAHA	SSEE FL 32312-0426		8	3				
			8	,			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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS 13.			<u></u>	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	P	DELETE	1.1 TITLE			Change	Addition	
NAME	CARRELL, TONI	12 NA		E]	
STREET ADDRESS			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP			1.4 CITY					
TITLE	· •		2.1 TITLE			Change	Addition C	
NAME			2.2 NAM				ļ	
STREET ADDRESS	1444 4.14111 4.44111			ET ADDRESS				
CITY-ST-ZIP TITLE			2. 4 CITY			Пос	4.200	
NAME	450A1 # 1451 4115		3.1 TITLE 3.2 NAMI			∐ Change	Addition	
STREET ADDRESS	LEADER ALA CALLACTURE OF ARE			ET ADDRESS				
CITY-ST-ZIP	I I PONIDON VA		3.4. CITY	1	*			
TITLE			41 TITLE			Change	Addition	
NAME	FISCHER, GEORGE R	 · · · -	4. 2 NAM	Į.		ogo		
STREET ADDRESS	FLORIDA STATE UNIVERSITY		4.B STRE	ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY	-ST-ZIP				
TITLE	D DELETE 5.1 TIT		5.1 TITLE			Change	Addition	
NAME			5.P NAME	:				
STREET ADDRESS	NATL. MUSEUM OF AMER HI	\$	5.\$ STRE	E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE	D'	☐ DELETE	DELETE 6.0 TITL			Change	Addition	
NAME			6.₽ NAME					
STREET ADDRESS				ET ADDRESS				
CITY-SY-ZIP	ST LEONARD MD		6.4 CITY	ST-ZIP				

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 angual 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 of 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 year and or on an attachment with an address.