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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32312-3426 |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 11/19/1982 | 3a. Date of Last Report 04/15/1996 |
| 4. FEI Number 59-2373559 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

CP2E037 (9/96)