

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765823 (0)**  
1. Corporation Name  
**ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.**



Principal Place of Business <b>1800 MARSTON PLACE TALLAHASSEE FL 32312</b>	Mailing Address <b>1800 MARSTON PLACE TALLAHASSEE FL 32312</b>
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3. Date Incorporated or Qualified  
**11/19/1982**

4. FEI Number  
**59-2373559**

Applied For  
 Not Applicable

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  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P CARRELL, TONI</b>	1.2 NAME	
STREET ADDRESS	<b>CORPUS CHRISTI MUSEUM</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORPUS CHRISTI TX</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V GRENIER, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1800 LIVERPOOL COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OTTAWA, ONT., CANADA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S STRIGHT, MELANIE</b>	3.2 NAME	
STREET ADDRESS	<b>MINERALS MANAGEMENT SER</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T FISCHER, GEORGE R</b>	4.2 NAME	
STREET ADDRESS	<b>FLORIDA STATE UNIVERSITY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D JOHNSON, PAUL F</b>	5.2 NAME	
STREET ADDRESS	<b>NATL. MUSEUM OF AMER HIS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SEIPERT, BETTY L</b>	6.2 NAME	
STREET ADDRESS	<b>JEFFERSON PATTERSON PK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LEONARD MD</b>	6.4 CITY-ST-ZIP	

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14. I 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.

SIGNATURE: *George R. Fischer* George R. Fischer 5/14/98 850/385-0903

CF2E037 (10/97)