


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90003 031 \*\*\*\*61.25

**DOCUMENT # 765823**

1. Entity Name  
**ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.**



Principal Place of Business  
**1800 MARSTON PLACE  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1800 MARSTON PLACE  
 TALLAHASSEE, FL 32308**

**40097920**

2. Principal Place of Business  
**8550-I Scenic Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8550-I Scenic Hwy**  
 Suite, Apt. #, etc.



06272006 Chg-NP CR2E037 (4/06)

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

Zip  
**32514** Country  
**USA**

Zip  
**32514** Country  
**USA**

4. FEI Number  
~~60-2373660~~ **75-3155017**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, GEORGE R T  
 1800 MARSTON PLACE  
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name  
**Della Scott-Ireton**

Street Address (P.O. Box Number is Not Acceptable)  
**8550-I Scenic Hwy**

City  
**Pensacola** FL Zip Code  
**32514**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Della Scott-Ireton* **Della Scott-Ireton, Treasurer/Director June 29, 2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by September 8, 2006**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> STANFORTH, MARK FLINDERS UNIVERSITY ADELAIDE, AU 5001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> RUSSELL, MATTHEW 2968 RODEO PARK DR, W SANTA FE, NM 87505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> HALL, JEROME L 5998 ALCALA PARK SAN DIEGO, CA 92110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> SCOTT-IRETON, DELLA 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 323990250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CASTRO, FELIPE V PO DRAWER HG COLLEGE STATION, TX 778415137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Della Scott-Ireton* **June 29, 2006** (850) 595-0054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #