

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002608

FILED
Jan 06, 2004
Secretary of State

Entity Name: PUBLIC ARCHAEOLOGY RESEACH CENTER, INC.

Current Principal Place of Business:

4 WALNUT COURT
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 WALNUT COURT
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3637810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIATEK, BRUCE
4 WALNUT COURT
ORMOND BEACH, FL 32174

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PIATEK, BRUCE
Address: 4 WALNUT COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: MOORE, DOROTHY
Address: PO BOX 504
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: T () Delete
Name: HERRIN, BARBARA
Address: 465 WILDWOOD DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: GRANGE, ROGER JR DR
Address: 301 BEACHWAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: POIRIER, FRANK E DR
Address: 420 GREENGLADE AVE
City-St-Zip: WORTHINGTON, OH 43085

Title: T () Delete
Name: SCOFIELD, TOM
Address: 536 WEST PENNSYLVANIA AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J PIATEK

CHR

01/06/2004

Electronic Signature of Signing Officer or Director

Date