

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002608

FILED  
Jan 13, 2005  
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 US

**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 PIATEK

T

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date