

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:12

DOCUMENT # **700186** (0)

1. Corporation Name

**BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

481 S. FEDERAL HWY.  
DANIA FL 33004

481 S. FEDERAL HWY.  
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1959** 3a. Date of Last Report **03/28/1994**

4. FEI Number **23-7101113** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVES, GYPSY C.  
481 S. FEDERAL HWY.  
DANIA FL 33004

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Gypsy C. Graves*

**GYPSY C. GRAVES**

**March 24, 1995**

(Signature, typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	KENNY, MATT
STREET ADDRESS	1728 S.E. 10TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	RUSHIN, EMILY
STREET ADDRESS	2838 BARBARA DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SOLTIS, SHEILA
STREET ADDRESS	9107 NW 24TH COURT
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	KETOVER, STEVE
STREET ADDRESS	3100 N. 34TH STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	CONNOR, SUZANNE
STREET ADDRESS	3777 NW 78TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	SHUGAR, MARTIN
STREET ADDRESS	3850 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD FL

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Sheridan	
1.3 STREET ADDRESS	505 W. Broward Blvd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
2.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Given	
2.3 STREET ADDRESS	4260 NE 22 Avenue	
2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Emily Rushin	
3.3 STREET ADDRESS	2636 Barbara Drive	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Matt Kenny	
4.3 STREET ADDRESS	1728 SE 10th Street	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
5.1 TITLE	Resigned	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Steve Ketover	
5.3 STREET ADDRESS	3100 N 34th Street	
5.4 CITY-ST-ZIP	Hollywood, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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:

*Suzanne Connor*

**SUZANNE CONNOR**

3-24-95 (305)

433-3892

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone No.