


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 706852</b><br>1. Entity Name<br><b>THE FLORIDA ANTHROPOLOGICAL SOCIETY, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O JOANNE TALLEY<br/>P.O. BOX 788<br/>HOBE SOUND, FL 33475 US</b> | Mailing Address<br><b>C/O JOANNE TALLEY<br/>P.O. BOX 788<br/>HOBE SOUND, FL 33475 US</b> |
|--|--|



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1084419</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>TALLEY, JOANNE<br/>9141 SE POMONA AVE<br/>HOBE SOUND, FL 33455</b> |
|--|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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 Joanne Talley, Treasurer 3/24/07  
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 May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>WALLACE, TONI<br/>115 WASHINGTON ST<br/>ST AUGUSTINE, FL 32084</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>STEWART, SHEILA<br/>2130 BURLINGTON AVE N<br/>ST PETERSBURG, FL 33713</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>TELLEY, JOANNE<br/>P O BOX 788<br/>HOBE SOUND, FL 33475</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PURDY, BARBARA<br/>1519 NW 25TH TERR<br/>GAINESVILLE, FL 32606</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>BURNS, DAVID<br/>15128 SPRINGVIEW ST<br/>TAMPA, FL 33624</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FIKE, FLORIA<br/>2815 SE ST LUCIE BLVD<br/>STUART, FL 34997</b>           |

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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: Joanne Talley (Joanne Talley) 3/24/07 772-546-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #