

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706852

FILED
Mar 12, 2009
Secretary of State

Entity Name: THE FLORIDA ANTHROPOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

C/O JOANNE TALLEY
P.O. BOX 788
HOBE SOUND, FL 33475 US

Current Mailing Address:

C/O JOANNE TALLEY
P.O. BOX 788
HOBE SOUND, FL 33475 US

FEI Number: 59-1084419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALLEY, JOANNE
9141 SE POMONA AVE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

C/O JOANNE TALLEY
9141 SE POMONA STREET
HOBE SOUND, FL 33455 US

New Mailing Address:

C/O JOANNE TALLEY
P. O. BOX 788
HOBE SOUND, FL 33475 US

Name and Address of New Registered Agent:

TALLEY, JOANNE
9141 SE POMONA STREET
HOBE SOUND, FL 33455 US

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:

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WALLACE, TONI
Address: 115 WASHINGTON ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: P () Delete
Name: FLYNN, PATTY
Address: P.O. BOX 11052
City-St-Zip: FORT LAUDERDALE, FL 33339

Title: T () Delete
Name: TALLEY, JOANNE
Address: P.O. BOX 788
City-St-Zip: HOBE SOUND, FL 33475

Title: D () Delete
Name: PURDY, BARBARA
Address: 1519 NW 25TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: AUSTIN, ROBERT
Address: P.O. BOX 2818
City-St-Zip: RIVERVIEW, FL 33568

Title: D () Delete
Name: FIKE, FLORIA
Address: 2815 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

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: D (X) Change () Addition
Name: LUCAS, BILL
Address: 333 PERSIMMON STREET
City-St-Zip: FREEPORT, FL 32439

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

Title: D (X) Change () Addition
Name: NEWMAN, CHRISTINE
Address: 504 17TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOANNE TALLEY

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date