

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706852

FILED
Mar 14, 2011
Secretary of State

Entity Name: THE FLORIDA ANTHROPOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 STREET
HOBE SOUND, FL 33455 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: S
Name: WELLS, DEBRA
Address: 1129 NW 143RD STREET
City-St-Zip: JONESVILLE, FL 32669

Title: VP
Name: STEVE, MARTIN
Address: 4642 ST. AUGUSTINE
City-St-Zip: MONTICELLO, FL 32344

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

Title: VP
Name: SCHOBBER, THERESA
Address: 1902 FLORRIE COURT
City-St-Zip: N. FORT MYERS, FL 33917

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

Title: D
Name: BALANZATEGUI, PAT
Address: 169 MONAHAN DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: JOANNE TALLEY

T

03/14/2011

Electronic Signature of Signing Officer or Director

Date