

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **716979** (0)

1. Corporation Name

SUNCOAST ARCHAEOLOGICAL & PALEONTOLOGICAL SOCIETY, INC.

Principal Place of Business

1529 30TH AVENUE N.
ST PETERSBURG FL 33704

Mailing Address

1529 30TH AVENUE N.
ST PETERSBURG FL 33704



3. Date Incorporated or Qualified
08/11/1969

3a. Date of Last Report
02/24/1995

21 **1529-30th AVENUE**

2a. Mailing Address
SAME

4. FEI Number
23-7067210

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 **ST. PETERSBURG FL**

27 City & State

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

Zip

Country

Zip

Country

24 **33704**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, RAYMOND C
3901 12TH STREET NE
ST PETERSBURG FL 33703

81 Name **RAYMOND C. ROBINSON**

82 Street Address (P.O. Box Number is Not Acceptable)
3901-12th ST. NE

83

84 City **ST. PETERSBURG** FL 85 Zip Code **33703**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **BALDWIN, LEWIS**
STREET ADDRESS **317 TERRACE DR E**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D. SUE LEWIS**
1.3 STREET ADDRESS **5226 23rd AVE S.**
1.4 CITY-ST-ZIP **GULFPORT FL**

TITLE **ST** ☐ DELETE
NAME **KNIGHT, ANITA**
STREET ADDRESS **3016-23RD STREET, N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D. CAROLINE KROMBACH**
2.3 STREET ADDRESS **1509 54th ST. N**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE **VD** ☐ DELETE
NAME **MARSHALL, VIVIAN**
STREET ADDRESS **10008 HIGHWAY 64 E**
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D. ESTELLE PANSLOW**
3.3 STREET ADDRESS **6941 SOUTH SHORE DR**
3.4 CITY-ST-ZIP **SOUTH PASADENA, FL**

TITLE **PD** ☐ DELETE
NAME **ROBINSON, RAYMOND C**
STREET ADDRESS **3901 12TH STREET, NE**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D. MARGARET BALDWIN**
4.3 STREET ADDRESS **317 TERRACE DR E**
4.4 CITY-ST-ZIP **CLEARWATER, FL**

TITLE **[REDACTED]** ☐ DELETE
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **[REDACTED]** ☐ DELETE
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

6.1 TITLE ☐ Change ☐ 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 Section 119.07(3)(k), 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:

Raymond C. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (813) 821-0805
Date Daytime Phone #

CR2E037 (12/95)