

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728553 (9)

1. Corporation Name

**THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA,
INC.**

Principal Place of Business

Mailing Address

5740 SW 64 AVE.
SOUTH MIAMI FL 33143

5740 SW 64 AVE.
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1973

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2349286

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRUTHERS, JOHN
5740 SW 64 AVE.
SOUTH MIAMI FL 33143

81 Name

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

83

84 City

FL

85 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

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	PD
NAME	TANSEY, BARBARA
STREET ADDRESS	1021 S BISCAYNE RIVER DR
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	LORD, JIM
STREET ADDRESS	2800 SW 104 CT
CITY- ST- ZIP	MIAMI FL 33165
TITLE	SD
NAME	LORD, JIM
STREET ADDRESS	2800 SW 104 CT
CITY- ST- ZIP	MIAMI FL 33165
TITLE	TD
NAME	CARRUTHERS, JOHN
STREET ADDRESS	5740 SW 64 AVE.
CITY- ST- ZIP	SOUTH MIAMI FL
TITLE	D
NAME	LEFKOW, SETH
STREET ADDRESS	9700 W BAY HARBOR DR
CITY- ST- ZIP	BAY HARBOR ISL FL
TITLE	D
NAME	CARR, ROBERT S.
STREET ADDRESS	2932 MYRTLE OAK CIRCLE
CITY- ST- ZIP	DAVIE FL

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	33169
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	(OMIT ENTIRE ENTRY)
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	33143
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	33154
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	33328

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CARRUTHERS TREASURER

4/26/95

Date

305/665-6633

Daytime Phone #