2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 728553

1. Entity Name
THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.

Principal Place of Business	Mailing Address
2495 NW 35TH AVE MIAMI, FL 33142 US	2495 NW 35TH AVE MIAMI, FL 33142 US

02122007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2349286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONESA, BRIAN
22425 SW 162 AVENUE
MIAMI, FL 33170

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	TANSEY, BARBARA
STREET ADDRESS	2495 NW 35TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	CONESA, BRIAN
STREET ADDRESS	22425 SW 162 AVENUE
CITY-ST-ZIP	MIAMI, FL 33170
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
TITLE	V
NAME	READ, ELIZABETH
STREET ADDRESS	784 GLENRIDGE RD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80021-018 61.25

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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: Brian Conesa Brian Conesa Treasurer 2/25/07 305-245-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #