2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 728553

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

Current Principal Place of Business:

2495 NW 35TH AVE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

2495 NW 35TH AVE
MIAMI, FL 33142 US

New Mailing Address:

22425 SW 162 AVENUE
MIAMI, FL 33170 US

FEI Number: 59-2349286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONESA, BRIAN
22425 SW 162 AVENUE
MIAMI, FL 33170 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: PD ( ) Delete
Name: MCKINNEY, CURTIS
Address: 15665 MIAMI LAKES WAY N #206
City-St-Zip: MIAMI, FL 33142

Title: TD ( ) Delete
Name: CONESA, BRIAN
Address: 22425 SW 162 AVENUE
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: LEFKOW, SETH,
Address: 9700 W BAY HARBOR DR
City-St-Zip: BAY HARBOR ISL, FL

Title: D ( ) Delete
Name: CARR, ROBERT S.,
Address: 2932 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL

Title: V ( ) Delete
Name: READ, ELIZABETH
Address: 784 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: TANGEY, BARBARA
Address: 2495 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: CONESA, BRIAN
Address: 22425 SW 162 AVENUE
City-St-Zip: MIAMI, FL 33170

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

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

Title: V (X) Change ( ) Addition
Name: JACOBSON, LISA
Address: 401 SW 8TH AVENUNE
City-St-Zip: FLORIDA CITY, FL 33034

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

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: TREASURER / TD 01/26/2009

Electronic Signature of Signing Officer or Director Date