

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728553

FILED  
Jan 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

22425 S.W. 162 AVENUE  
MIAMI, FL 33170 US

**New Principal Place of Business:**

**Current Mailing Address:**

22425 S.W. 162 AVENUE  
MIAMI, FL 33170 US

**New Mailing Address:**

**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  
Name: HAIDUVEN, RICHARD  
Address: 11725 SW 81 ROAD  
City-St-Zip: MIAMI, FL 33156

Title: TD  
Name: CONESA, BRIAN  
Address: 22425 SW 162 AVENUE  
City-St-Zip: MIAMI, FL 33170

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

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

Title: VD  
Name: TANSEY, BARBARA  
Address: 35601 S.W. 192 AVENUE  
City-St-Zip: HOMESTEAD, FL 33034

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: BRIAN CONESA

TD

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date