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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730183

1. Corporation Name

**AMERICAN ANTHROPOLOGICAL RESEARCH FOUNDATION, IN
C.**

Principal Place of Business

3104 FLAGLER AVE.
BOX 430637
KEY WEST FL 33040
US

Mailing Address

3104 FLAGLER AVE.
POST OFFICE DRAWER 537
KEY WEST FL 33040
US



2. Principal Place of Business

21 **5100 POINT EMERALD DR**

2a. Mailing Address

26 **SAME**

3. Date Incorporated or Qualified
07/11/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7450092

Applied For

Not Applicable

City & State

23 **BOCA RATON**

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **33486**

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ERNST, W TED, JR
3104 FLAGLER AVE.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

LIZ TRAVER

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

5100 POINT EMERALD LANE

83

84 City

BOCA RATON

FL

85 Zip Code
33486

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

LIZ TRAVER
LIZ TRAVER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ERNST, W TED JR**
STREET ADDRESS **3104 FLAGLER AVE.**
CITY-ST-ZIP **KEY WEST FL**

TITLE **PDST** ☐ DELETE
NAME **MORGAN, ROBERT W.**
STREET ADDRESS **15127 N.E. 24 ST., SUITE 268**
CITY-ST-ZIP **REDMOND WA 98052**

TITLE **D** ☐ DELETE
NAME **JONES, STEVE**
STREET ADDRESS **10534 HOLCOMB RD**
CITY-ST-ZIP **NEWTON FALLS OH 44444**

TITLE **D** ☐ DELETE
NAME **~~SNOWDEN, FREDERICK~~**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **FREDERICK A. SNOWDEN III**
1.3 STREET ADDRESS **2205 W. STATE ST**
1.4 CITY-ST-ZIP **ALLIANCE, OH 44601**

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
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

FREDERICK A. SNOWDEN III
FREDERICK A. SNOWDEN III

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/10/99
330 2076

CR2E037 (11/98)