

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90025 016 ****70.00

DOCUMENT # 730183

1. Entity Name
**AMERICAN ANTHROPOLOGICAL RESEARCH
FOUNDATION, INC.**



Principal Place of Business
**20 LORILLARD PLACE
ORMOND BEACH, FL 32174 US**

Mailing Address
**% CARNATION ACCTH SERV.
643 W. STATE STREET
ALLIANCE, OH 44601 US**

94040035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7450092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLESNEK, MICHAEL
20 LORILLARD PLACE
ORMOND BEACH, FL 32174**

Name

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

City

FL

Zip Code

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

MICHAEL POLESNEK, Jr.

Michael Polesnek Jr.

March 29, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MORGAN, ROBERT
STREET ADDRESS 425 E. FLORIDA AVE
CITY-ST-ZIP SEBRING, OH 44672

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME JONES, STEVE
STREET ADDRESS 3806 LAUBERT RD
CITY-ST-ZIP ATWATER, OH 44201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SNOWDEN, FREDERICK A III
STREET ADDRESS 2205 W. STATE STREET
CITY-ST-ZIP ALLIANCE, OH 44601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME POLESNEK, MICHAEL
STREET ADDRESS 20 LORILLARD PLC
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Michael Polesnek Jr.

March 29, 2004

330-823-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #