2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730183

1. Entity Name
AMERICAN ANTHROPOLOGICAL RESEARCH
FOUNDATION, INC.

Principal Place of Business	Mailing Address
20 LORILLARD PLACE ORMOND BEACH, FL 32174 US	% CARNATION ACCTH SERV. 645 W. STATE STREET ALLIANCE, OH 44601 US

4UU94010

05302006   Chg-NP   CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1509 Wilban Ciacle.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *Winter Park Fl.*	City & State
Zip *32789.* Country	Zip Country

4. FEI Number
23-7450092
☐ Applied For
☐ Not Applicable

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 *Kimball, Chris.* Street Address (P.O. Box Number is Not Acceptable) *1509 Wilber Circle.* City *Winter Park* **FL** Zip Code *32789.*

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 *Chris Kimball* *Chris Kimball, Director* *6-2-06*

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 September 6, 2006**	**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			11.		Change / Addition
TITLE PD NAME MORGAN, ROBERT STREET ADDRESS 425 E. FLORIDA AVE CITY-ST-ZIP SEBRING, OH 44672	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Director* *Kimball, Chris.* *1509 Wilber Circle.* *Winter Park FL 32789.*	☐ Change ☒ Addition
TITLE VPD NAME JONES, STEVE STREET ADDRESS 3806 LAUBERT RD CITY-ST-ZIP ATWATER, OH 44201	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE STD NAME SNOWDEN, FREDERICK A III STREET ADDRESS 2205 W. STATE STREET CITY-ST-ZIP ALLIANCE, OH 44601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME POLESNEK, MICHAEL STREET ADDRESS 20 LORILLARD PLC CITY-ST-ZIP ORMOND BEACH, FL 32174	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Frederick A Snowden III*   *Frederick A. Snowden III*   *5/29/06.* *330-823-2205.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #