


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90016 033 \*\*\*\*61.25

<b>DOCUMENT # 730183</b> 1. Entity Name <b>AMERICAN ANTHROPOLOGICAL RESEARCH FOUNDATION, INC.</b>					
Principal Place of Business <b>1509 WILBAN CIR WINTER PARK, FL 32789 US</b>			Mailing Address <del>% CARNATION ACCTH SERV.</del> <b>645 W. STATE STREET ALLIANCE, OH 44601 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1509 WILBAN CIR</b>		3. Mailing Address <b>P.O. BOX 4795</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTER PARK, FL</b>		City & State <b>WHITEFISH, MT</b>		4. FEI Number <b>23-7450092</b>	
Zip <b>32789</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>POLESNEK MICHAEL ERROR</b> <b>1509 WILBAN CIR</b> <b>WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name <b>S/B CHAS KIMBALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>SALE</b> City <b>FL</b> 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 <u><i>Chas Kimball</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 6, 2007</u>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, ROBERT 425 E. FLORIDA AVE SEBRING, OH 44672	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROBERT PURSER BOX 1670 DPELOUSAS, LA 70570
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JONES, STEVE 3806 LAUBERT RD ATWATER, OH 44201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JAMES HELBERT 2410 BRIAR RIDGE WAY CUMMING, GA 30041
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SNOWDEN, FREDERICK A III 2205 W. STATE STREET ALLIANCE, OH 44601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JOSEPH DECKER 326 MOUNT ARLINGTON BLVD LANDIG, NJ 07850
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMBALL, CHRIS 1509 WILBAN CIR WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Robert W Morgan</i></u> <u>April 7, 2007</u> <u>406 212 6994</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					