


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 048 ****61.25

DOCUMENT # 741201 1. Entity Name CENTRAL GULF COAST ARCHAEOLOGICAL SOCIETY, INC.					
Principal Place of Business MARCIE CONNORS 19327 WIND DANCER ST LUTZ, FL 33558 US			Mailing Address PO BOX 340705 TAMPA, FL 33694 US		
2. Principal Place of Business - No P.O. Box # Marcie Connors Suite, Apt. #, etc. 19327 Wind Dancer St. City & State Lutz, FL Zip 33558		3. Mailing Address P.O. Box 340705 Suite, Apt. #, etc. City & State Tampa, FL Zip 33694			
Country U.S.A.		Country U.S.A.			
6. Name and Address of Current Registered Agent CONNORS, MARCIE 19327 WIND DANCER ST LUTZ, FL 33558			7. Name and Address of New Registered Agent Name Marcie Connors Street Address (P.O. Box Number is Not Acceptable) 19327 Wind Dancer St. City Lutz		
Zip Code FL			Zip Code 33558		
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>Marcie Connors</u> MARCIE J. CONNORS <u>1/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, ROGER F DR 785 CAPRI BLVE TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jay Hardman 1513 Oakadia Dr. E. Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNORS, MARCIE 19327 WIND DANCER ST LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cindy Martin 3412 Forest Bridge Circle Brandon, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, CHRISTINE 3506 W. AZEELE ST. #106 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kelsey Gibbs 1275 Carlton Arms Circle Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTHUR, JOHN C/O USF ST. PETE, 140 7TH AVE S. SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Christine Hardy 1668 Nantucket Ct. Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRWIEDA, SHANNA 917 W. WOODLAND AVE TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRALDI, SERGIO 14130 ROSEMARY LANE #4309 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bart McLeod 2412 Butte Ave. New Port Richey, FL 34653 <input checked="" 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>Marcie Connors</u> Marcie Connors <u>1/7/08</u> 813-920-4198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					