2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-16-2005 90026 047 ****61.25

DOCUMENT # 744138

1. Entity Name
FLORIDA PALEONTOLOGICAL SOCIETY, INC.

66004215

Principal Place of Business	Mailing Address
FL MUS. NAT. HIST., UNIV. OF FLORIDA P.O BOX 117800 GAINESVILLE FL 32611-7800	FLORIDA MUSEUM OF NATURAL HISTORY UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-~~0000~~ 7800

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1846931 ☐ 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
PORTELL, ROGER FLORIDA MUSEUM OF NATURAL HISTORY UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7800	Name Bruce - MacFadden Street Address (P.O. Box Number is Not Acceptable) Florida Museum of Natural History University of Florida City Gainesville FL Zip Code 32611-7800

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 [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BODE, JOYCE 4906 COLONADES CIRCLE LAKELAND FL 33811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WRIGHT, MARCIA 1550 MIZELL AVE WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HECHT, GEORGE FL MUSEUM NATL HISTORY GAINESVILLE FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUPERT, FRANK 903 W. TENN ST. TALL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOOMEY, BARBARA PO BOX 357880 GAINESVILLE FL 32635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTALL, ROGER FL MUSEUM OF NATURAL HIST GAINESVILLE FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Portell, Roger FL Museum of Natural History Gainesville, FL 32611 ☒ Change ☐ Addition

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: [signature] George Hecht Treasurer 10MAR05 352-514-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #