

CORPORATION ANNUAL REPORT 1995

Florida Department of State
DIVISION OF CORPORATIONS

FILED

95 MAY - 1 PM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 744787 (3)

1. Corporation Name
VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
VOLUSIA CO. LIBRARY **257 S. RIDGEWOOD AVE.**
CITY ISLAND **P.O. BOX 1881**
DAYTONA BEACH FL 32114 **ORMOND BEACH FL 32174-6405**
US **US**

3. Date Incorporated or Qualified **11/01/1978** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-0242520** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **236 GROVE ST**
 Suite, Apt. #, etc. Suits, Apt. #, etc.
22 **27**
 City & State City & State
23 **28** **ORMOND BEACH, FL**
 Zip Country Zip Country
24 **25** **29** **30** **32174** **VOLUSIA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARDWELL, HAROLD, SR.
1343 WOODBINE STREET
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81 Name **MARY POAGE**
82 Street Address (P.O. Box Number is Not Acceptable) **236 GROVE ST**
83
84 City **ORMOND BEACH** **FL** **85** Zip Code **32174**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary N. Poage* **MARY N. POAGE** **4-20-95**
Signature, typed printed name of registered agent and trust applicable (NOTE: Registered Agent signature required when consulting) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------|
| TITLE | D |
| NAME | POAGE, MARY |
| STREET ADDRESS | 257 S. RIDGEWOOD AVE. |
| CITY - ST - ZIP | ORMOND BEACH FL |
| TITLE | T |
| NAME | SALVOLI, MARGARET |
| STREET ADDRESS | 400 N. RIVERSIDE DR. |
| CITY - ST - ZIP | EDGEWATER FL |
| TITLE | D |
| NAME | WILLIAMS JOHN |
| STREET ADDRESS | 900 MASON AVE |
| CITY - ST - ZIP | DAYTONA BEACH FL |
| TITLE | D |
| NAME | SHUNNY, SUSAN |
| STREET ADDRESS | 2 PARK PLACE |
| CITY - ST - ZIP | ORMOND BEACH FL |
| TITLE | D |
| NAME | CARDWELL, PRISCILLA |
| STREET ADDRESS | 1343 WOODBINE STREET |
| CITY - ST - ZIP | DAYTONA BEACH FL |
| TITLE | D |
| NAME | CARDWELL SR., HAROLD |
| STREET ADDRESS | 1343 WOODBINE ST. |
| CITY - ST - ZIP | DAYTONA BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary N. Poage* **MARY N. POAGE** **4-20-95** **904.677-4204**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #