


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744787 (3)

1. Corporation Name
VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.



Principal Place of Business VOLUSIA CO. LIBRARY CITY ISLAND DAYTONA BEACH FL 32114 US	Mailing Address 238 GROVE ST. P.O. BOX 1881 P.O. Box 1881 ORMOND BEACH FL 32174-6404 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/01/1978	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0242520	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POAGE, MARY 238 GROVE ST. ORMOND BEACH FL 32174		10. Name and Address of New Registered Agent	
81 Name	LORIE KASH		
82 Street Address (P.O. Box Number is Not Acceptable)	1309 N. HALIFAX		
83			
84 City	Daytona Beach	85 State	FL
		86 Zip Code	32118

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lorie Kash (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, JAMES	1.2 NAME	KASH, LORIE
STREET ADDRESS	48 WARWICK AVE	1.3 STREET ADDRESS	1309 N. HALIFAX
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL.
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASH, LORIE	2.2 NAME	SUSAN SHUNNY
STREET ADDRESS	1309 N HALIFAX AVE	2.3 STREET ADDRESS	981 PARKWOOD
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS JOHN	3.2 NAME	AMOI DORT
STREET ADDRESS	900 MASON AVE	3.3 STREET ADDRESS	PINE ROAD
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUNNY, SUSAN	4.2 NAME	
STREET ADDRESS	891 PARKWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL, PRISCILLA	5.2 NAME	
STREET ADDRESS	1343 WOODBINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL SR., HAROLD	6.2 NAME	
STREET ADDRESS	1343 WOODBINE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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 Lorie Kash

CR2E037 (9/96)