


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am  
Secretary of State

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

1. Corporation Name  
**VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.**

Principal Place of Business <b>VOLUSIA CO. LIBRARY CITY ISLAND DAYTONA BEACH FL 32114 US</b>	Mailing Address <del>238 GROVE ST.</del> <b>P.O. Box 1881 ORMOND BEACH FL 32174-6404 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/01/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-0242520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 **DAYTONA BEACH**  
84 City **Daytona Beach** FL 85 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	<b>BURNETT, JAMES</b>	1.2 NAME	<b>KASH, LORIE</b>
STREET ADDRESS	<b>48 WARWICK AVE</b>	1.3 STREET ADDRESS	<b>1309 N. HALIFAX</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Daytona Beach, FL.</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASH, LORIE</b>	2.2 NAME	<b>SUSAN SHUNNY</b>
STREET ADDRESS	<b>1309 N HALIFAX AVE</b>	2.3 STREET ADDRESS	<b>981 PARKWOOD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL.</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS JOHN</b>	3.2 NAME	<b>AMOI DORT</b>
STREET ADDRESS	<b>900 MASON AVE</b>	3.3 STREET ADDRESS	<b>PINE ROAD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUNNY, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>991 PARKWOOD DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDWELL, PRISCILLA</b>	5.2 NAME	
STREET ADDRESS	<b>1343 WOODBINE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDWELL SR., HAROLD</b>	6.2 NAME	
STREET ADDRESS	<b>1343 WOODBINE ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	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)