

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01 1998 8:00am
Secretary of State

DOCUMENT # 744787 (3)

1. Corporation Name

VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

VOLUSIA CO. LIBRARY
CITY ISLAND
DAYTONA BEACH FL 32114
US

P.O. BOX 1881
ORMOND BEACH FL 32174
US

3. Date Incorporated or Qualified

11/01/1978

4. FEI Number

59-0242520

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASH, LORIE
1309 N HALIFAX
DAYTONA BEACH FL 32118

81 Name Harold D. Cardwell, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)
1343 Woodbine St

83

84 City Daytona Beach FL 85 Zip Code 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 6, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KASH, LORIE
STREET ADDRESS 1309 N HALIFAX
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VP ☒ DELETE

NAME SHUNNY, SUSAN
STREET ADDRESS 981 PARWOOD
CITY-ST-ZIP ORMOND BEACH FL

TITLE S ☒ DELETE

NAME DORT, AMDI
STREET ADDRESS PINE ROAD
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE

NAME SHUNNY, SUSAN
STREET ADDRESS 991 PARKWOOD DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ DELETE

NAME CARDWELL, PRISCILLA
STREET ADDRESS 1343 WOODBINE STREET
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

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 P ☒ Change ☒ Addition

1.2 NAME Jay R. Bushnell
1.3 STREET ADDRESS 155 Pinto Lane
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Harold D. Cardwell, sr.
2.3 STREET ADDRESS 1343 Woodbine St
2.4 CITY-ST-ZIP Daytona Beach, FL 32114

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Rosemary Kuga
3.3 STREET ADDRESS 4 Koala Bear Path
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME Mary N. Poage
5.3 STREET ADDRESS 236 Grove ST
5.4 CITY-ST-ZIP Ormond Beach, FL 32174

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 500002631875
6.3 STREET ADDRESS -09/04/98--01014--025
6.4 CITY-ST-ZIP ***\$1.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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, Treasurer Mary N. Poage

August 6, 1998

Date

Daytime Phone #

000097

CR2E037 (5/98)