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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90020 026 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744787**

1. Corporation Name

**VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.**

Principal Place of Business

VOLUSIA CO. LIBRARY  
CITY ISLAND  
DAYTONA BEACH FL 32114  
US

Mailing Address

P.O. BOX 1881  
ORMOND BEACH FL 32174  
US



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

30

3. Date Incorporated or Qualified

11/01/1978

4. FEI Number

59-0242520

Applied For  
No Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CARDWELL, HAROLD D SR  
1343 WOODBINE STREET  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
BUSHNELL, JAY R  
STREET ADDRESS 155 PINTO LANE  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME VP  
CARDWELL, HAROLD D SR  
STREET ADDRESS 1343 WOODBINE STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☒ DELETE

NAME S  
KUGA, ROSEMARY  
STREET ADDRESS 4 KOALA BEAR PATH  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME T  
POAGE, MARY N  
STREET ADDRESS 236 GROVE STREET  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ DELETE

NAME D  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S Shirley Warner  
226 Ormwood Dr.  
Ormond Beach, FL 32176

T John Estes  
840 Center Ave #80  
Holly Hill, FL 32117

D Priscilla Cardwell  
1343 Woodbine St.  
Daytona Beach FL 32117

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

Date

Daytime Phone #

April 14 1999 901-672-8650

CR2E037 (1/98)