


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90095 043 \*\*\*\*61.25

**DOCUMENT # 744787**  
 1. Entity Name  
**VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.**



Principal Place of Business Mailing Address  
**PO BOX 1881 ORMAOND BEACH FL 32175 US** **PO BOX 1881 ORMAOND BEACH FL 32175 US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-0242520** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BERCHER, ELIZABETH	
STREET ADDRESS	610 BOSTWICK AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRAGER, RUTH	
STREET ADDRESS	610 BOSTWICK AVE	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUTOIT, CHARLES	
STREET ADDRESS	40 LONGFELLOW CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUMAGHI, LOUIS	
STREET ADDRESS	1 CLIFFSIDE DRR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	POAGE, MARY	
STREET ADDRESS	236 GROVE STREET	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDWELLS, HAROLD	
STREET ADDRESS	1343 WOODBINE ST.	
CITY-ST-ZIP	DAYTONA BCH FL 32114	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDWELL, Rosella	
STREET ADDRESS	1343 woodbine st.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary M. Poage **MARY M. Poage** 2-19-06 - 386-677-4204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #