

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90202 006 ****61.25

DOCUMENT # 744787

1. Entity Name
VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.



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

Mailing Address
**PO BOX 1881
ORMAOND BEACH, FL 32175 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01102007

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

WARREN TRAGER

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

610 BOSTWICK AV.

DAYTONA BEACH, FL

32118

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

[Signature]

PRESIDENT

1/10/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BERCHER, ELIZABETH**
STREET ADDRESS **610 BOSTWICK AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **D** ☒ Change ☐ Addition
NAME **HAROLD CARDWELL**
STREET ADDRESS **1343 WOODBINE ST.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **P** ☒ Delete
NAME **CARDWELL, PRISCILLA**
STREET ADDRESS **1343 WOODBINE ST**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **P** ☒ Change ☐ Addition
NAME **RUTH TRAGER**
STREET ADDRESS **610 BOSTWICK AV.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **VP** ☐ Delete
NAME **DUTOIT, CHARLES**
STREET ADDRESS **40 LONGFELLOW CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LUMAGHI, LOUIS**
STREET ADDRESS **1 CLIFFSIDE DRR**
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **POAGE, MARY**
STREET ADDRESS **236 GROVE STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **T** ☒ Change ☐ Addition
NAME **BEECHER, ELIZABETH**
STREET ADDRESS **610 BOSTWICK AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **P** ☒ Delete
NAME **CARDWELLS, HAROLD**
STREET ADDRESS **1343 WOODBINE ST.**
CITY-ST-ZIP **DAYTONA BCH, FL 32114**

TITLE **P** ☒ Change ☐ Addition
NAME **WARREN TRAGER**
STREET ADDRESS **610 BOSTWICK AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature] **W. TRAGER** **1/10/07** **(386) 255-3019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #