

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750386

FILED
Jan 07, 2009
Secretary of State

Entity Name: ARCHEOLOGICAL AND HISTORICAL CONSERVANCY, INC.

Current Principal Place of Business:

4800 SW 64TH AVENUE
#107
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4800 SW 64TH AVENUE
#107
DAVIE, FL 33314

New Mailing Address:

FEI Number: 59-1987998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, ROBERT S
4800 SW 64TH AVENUE
#107
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: CARR, ROBERT S
Address: 2932 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: P () Delete
Name: READ, ELIZABETH
Address: 1489 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: CLUPPER, JIM
Address: 96 PARKER DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: TANSEY, BARBARA
Address: 2495 NW 35 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MURRAY, ANN
Address: 608 SW 7TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: PROCYK, RICHARD
Address: 18791 FALCON WAY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM PERRY

MRS.

01/07/2009

Electronic Signature of Signing Officer or Director

Date