2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753997

FILED Jan 17, 2009 Secretary of State

Entity Name: SOUTHWEST FLORIDA ARCHAEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
27655 KEN BONITA S	NT ROAD PRINGS, FL 34135 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
27655 KEN BONITA S	NT ROAD PRINGS, FL 34135 US				
FEI Number:	: 59-2541973 FEI Numbe	r Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Reg	istered Agent:	Name and Address	of New Registered Agent:	
	CHARLES C. STREET SOUTH FL 33940 US		STRADER, CHARLE 27655 KENT RD. BONITA SPRINGS, F		
	named entity submits this e of Florida.	statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE: CHARLES E STRAD	ER		01/17/2009	
	Electronic Signature	of Registered Age	ent	Date	
OFFICERS	S AND DIRECTORS:		ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () Delete FRANCINO, THOMAS 1250 N TAMIAMI TRAIL #302 NAPLES, FL 34102		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete THOMPSON, JACK 576 RETREAT DRIVE #202 NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete STRADER, CHARLES 27655 KENT RD BONITA SPRINGS, FL 34135	·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BERIAULT, JOHN 1048 FRANK WHITEMAN BLV NAPLES, FL 34103	/D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete SCHOBER, THERESA 15770 LAKE CANDLEWOOD FORT MYERS, FL 33908	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) Delete NELSON, KAREN 2646 COCONUT DR SANIBEL, FL 33957		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHARLES E STRADER T 01/17/2009