

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755896

FILED  
Jul 29, 2008  
Secretary of State

Entity Name: FLORIDA ARCHAEOLOGICAL COUNCIL, INC.

## Current Principal Place of Business:

1548 CHULI NENE  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

4104 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

1548 CHULI NENE  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

4104 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

YATES, WILLIAM B MR  
1548 CHULI NENE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

BLAND, MYLES C  
4104 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 US

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: MYLES BLAND

07/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BENCHLEY, ELIZABETH  
Address: UWF 11000 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete  
Name: JONES, PAUL  
Address: 5313 JOHNS ROAD  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete  
Name: WHITE, ANDREA  
Address: 101 DE SOTO PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: YATES, WILLIAM B  
Address: 1548 CHULI NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: LECOMPTE, ELISE  
Address: MUSEUM ROAD  
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete  
Name: HANDLEY, BRENT  
Address: 7220 FINANCIAL WAY #100  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: BENCHLEY, ELIZABETH  
Address: UWF 11000 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: PRES (X) Change ( ) Addition  
Name: JONES, PAUL  
Address: 12157 W. LINEBAUGH AVENUE, NO. 167  
City-St-Zip: TAMPA, FL 33626

Title: S (X) Change ( ) Addition  
Name: GOUGEON, RAMIE  
Address: 5910 BENJAMIN CENTER DR., SUITE 120  
City-St-Zip: TAMPA, FL 33634

Title: T (X) Change ( ) Addition  
Name: BLAND, MYLES C  
Address: 4104 ST. AUGUSTINE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
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: MYLES BLAND

T

07/29/2008

Electronic Signature of Signing Officer or Director

Date