
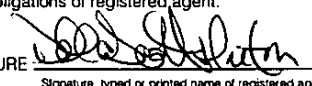
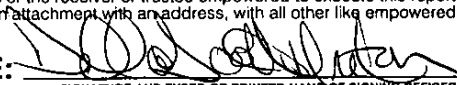


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90003 031 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # 765823 1. Entity Name ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC. | | | |  | |
| Principal Place of Business 1800 MARSTON PLACE TALLAHASSEE, FL 32308 | | | Mailing Address 1800 MARSTON PLACE TALLAHASSEE, FL 32308 | | |
| 2. Principal Place of Business 8550-I Scenic Hwy Suite, Apt. #, etc. | | 3. Mailing Address 8550-I Scenic Hwy Suite, Apt. #, etc. | | | |
| City & State Pensacola, FL | | City & State Pensacola, FL | | 4. FEI Number 60-2373550 75-3155017 | |
| Zip 32514 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FISCHER, GEORGE R T 1800 MARSTON PLACE TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Della Scott-Ireton Street Address (P.O. Box Number is Not Acceptable) 8550-I Scenic Hwy City Pensacola FL Zip Code 32514 | | |
| 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  Della Scott-Ireton, Treasurer/Director June 29, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | C STANFORTH, MARK FLINDERS UNIVERSITY ADELAIDE, AU 5001 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RUSSELL, MATTHEW 2968 RODEO PARK DR, W SANTA FE, NM 87505 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HALL, JEROME L 5998 ALCALA PARK SAN DIEGO, CA 92110 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCOTT-IRETON, DELLA 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 323990250 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTRO, FELIPE V PO DRAWER HG COLLEGE STATION, TX 778415137 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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:  June 29, 2006 595-0054 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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06272006 Chg-NP CR2E037 (4/06)