


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 765823 1. Entity Name ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.	
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Principal Place of Business 8550- I SCENIC HWY PENSACOLA, FL 32514	Mailing Address 8550- I SCENIC HWY PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3155017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOTT-IRETON, DELLA 8550- I SCENIC HWY PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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, 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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C STANIFORTH, MARK FLINDERS UNIVERSITY ADELAIDE, AU 5001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUSSELL, MATTHEW 2968 RODEO PARK DR, W SANTA FE, NM 87505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HALL, JEROME L 5998 ALCALA PARK SAN DIEGO, CA 92110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCOTT-IRETON, DELLA 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 323990250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, FELIPE V PO DRAWER HG COLLEGE STATION, TX 778415137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/07-80081-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 	Jan 22, 2007 595-0054
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>