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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 805350 (6)

1. Corporation Name  
ARCHBOLD EXPEDITIONS



Principal Place of Business Mailing Address  
330 ISLAND ROAD 330 ISLAND ROAD  
PALM BEACH FL 33480 PALM BEACH FL 33480-4751

3. Date Incorporated or Qualified 03/20/1941  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30  
4. FEI Number 23-6400408 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
HUFTY, FRANCES A  
330 ISLAND ROAD  
PALM BCH FL 33852  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD [ ] DELETE	1.1 TITLE	AS/D [ ] Change [X] Addition
NAME	LOVE, LELA	1.2 NAME	John Archbold Hufty
STREET ADDRESS	266 W 77TH STREET APT. #5	1.3 STREET ADDRESS	1152 Lake Clark Drive
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	CD [ ] DELETE	2.1 TITLE	D [ ] Change [X] Addition
NAME	HUFTY, FRANCES A	2.2 NAME	Walter Sedgwick
STREET ADDRESS	330 ISLAND ROAD	2.3 STREET ADDRESS	20 Old La Honda Rd.
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	Woodside, CA 94062
TITLE	TASD [ ] DELETE	3.1 TITLE	D [ ] Change [X] Addition
NAME	LEIDY, MRS FRANCES HUFTY	3.2 NAME	Carter Leidy, III
STREET ADDRESS	105-133; 700 W. DOWINGTOWN PIKE	3.3 STREET ADDRESS	300 E. Evans St, Apt P282
CITY-ST-ZIP	WEST CHESTER PA	3.4 CITY-ST-ZIP	West Chester, PA 19380
TITLE	VATD [X] DELETE	4.1 TITLE	D [ ] Change [X] Addition
NAME	HUFTY, PAGE LEE	4.2 NAME	Donna Lloyd-George
STREET ADDRESS	340 ISLAND RD	4.3 STREET ADDRESS	9 St. Albans Grove
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	London, W85PN, ENGLAND
TITLE	PD [ ] DELETE	5.1 TITLE	D [ ] Change [X] Addition
NAME	HUFTY, MARY P MD	5.2 NAME	Robert Lloyd-George
STREET ADDRESS	257 MAPACHE DR	5.3 STREET ADDRESS	9 St. Albans Grove
CITY-ST-ZIP	PORTOLA VALLEY CA	5.4 CITY-ST-ZIP	London, W85PN, ENGLAND
TITLE	SATD [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	ALEGRIA, DANIEL S. MD	6.2 NAME	
STREET ADDRESS	207 MAPACHE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTOLA VALLEY CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David B. Johnston* David B. Johnston, Controller Date: 3/11/97 Daytime Phone: 941-465-2571

CR2E037 (9/96)