

02241999-90176-042-\$70.00-\$70.00

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90176 042 \*\*\*\*70.00

NONPROFIT  
CORPORATION



**DOCUMENT # 805350**

Corporation Name  
**ARCHBOLD EXPEDITIONS**

Principal Place of Business  
**330 ISLAND ROAD  
PALM BEACH FL 33480**

Mailing Address  
**330 ISLAND ROAD  
PALM BEACH FL 33480**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired	
Zip		Country		6. Election Campaign Financing	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HUFY, FRANCES A</b> <b>330 ISLAND ROAD</b> <b>PALM BCH FL-33852 33480</b>				81 Name		85 Zip Code	
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 LOVE, LELA PORTER.	1.1 TITLE	AS
NAME	266 W 77TH STREET APT. #5	1.2 NAME	Hufy, Jack Archbold
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	1152 Lake Clark Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	CD HUFY, FRANCES A	2.1 TITLE	VPATAS
NAME	330 ISLAND ROAD	2.2 NAME	Alegria, Daniel S.
STREET ADDRESS	PALM BEACH FL	2.3 STREET ADDRESS	257 Mapache Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Portola Valley, CA
TITLE	TASD LEIDY, MRS FRANCES HUFY	3.1 TITLE	D
NAME	105-133; 700 W. DOWINGTOWN PINE	3.2 NAME	Lloyd-George, Robert
STREET ADDRESS	WEST CHESTER PA	3.3 STREET ADDRESS	346 Crescent Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	ASD ARCHBOLD, HUGTY J	4.1 TITLE	D
NAME	1152 LAKE CLARK DRIVE	4.2 NAME	Lloyd-George, Donna
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	346 Crescent Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach, FL
TITLE	PD HUFY, MARY P MD	5.1 TITLE	D
NAME	257 MAPACHE DR	5.2 NAME	Leidy, Carter
STREET ADDRESS	PORTOLA VALLEY CA	5.3 STREET ADDRESS	860 South Waterloo Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Devon, PA 19333
TITLE	SATD ALEGRIA, DANIEL S. MD	6.1 TITLE	D
NAME	207 MAPACHE DRIVE	6.2 NAME	Root, Richard
STREET ADDRESS	PORTOLA VALLEY CA	6.3 STREET ADDRESS	41 Prospect St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes. 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, with all other like empowered.

SIGNATURE: *Frances A. Hufy* Frances A. Hufy, Chairman 3/24/99 (941) 465-257