## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 805350** 

FILED Jan 15, 2009 Secretary of State

Entity Name: ARCHBOLD EXPEDITIONS

**Current Principal Place of Business: New Principal Place of Business:** 123 MAIN DRIVE VENUS, FL 33960 **Current Mailing Address: New Mailing Address:** PO BOX 2057 LAKE PLACID, FL 33852 FEI Number: 23-6400408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUFTY, FRANCES A 330 ISLAND ROAD PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOVE, LELA PORTER. Name: Name: 266 W 77TH STREET APT. #5 Address: Address: City-St-Zip: NEW YORK, NY 10024 City-St-Zip: Title: CD () Delete Title: () Change () Addition HUFTY, FRANCES A, Name: Name: Address: 330 ISLAND ROAD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ATUCHA, SEBASTIAN Name: ATUCHA, SEBASTIAN Name: 2000 LITTLE RAVEN STREET, 3B 641 HIGH STREET Address: Address: City-St-Zip: **DENVER. CO 80202** City-St-Zip: **DENVER, CO 80218** Title: ( ) Delete Title: () Change () Addition Name: LLOYD-GEORGE, DONNA Name: Address: 346 CRESCENT DR Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition HUFTY, MARY P MD Name: Name: 257 MAPACHE DR Address: Address: City-St-Zip: PORTOLA VALLEY, CA 94028 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROOT, RICHARD Name: Name: Address: 41 PROSPECT ST Address: TRUMANSBURG, NY 14886 City-St-Zip: 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: ERIC STEIN MR 01/15/2009