

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001619

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE INSTITUTE OF MARINE ARCHAEOLOGICAL CONSERVATION, INC.

Current Principal Place of Business:

200 GREENE ST.
KEY WEST, FL

New Principal Place of Business:

Current Mailing Address:

200 GREENE ST.
KEY WEST, FL

New Mailing Address:

FEI Number: 65-1086147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLYNE, PAT
200 GREENE STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CLYNE, PATRICK J
Address: 200 GREENE ST.
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: LEWIS, A. EUGENE
Address: 216 W. COLLEGE AVE., STE. 201
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ABT, TAFFI FISH
Address: 1322 U.S. HWY. 1
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: SINCLAIR, JIM
Address: 9881 E. BAY HARBOR DR., APT. 3-E
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SINCLAIR, JIM
Address: 15 MARLIN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK CLYNE

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date