2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90027 037 ****61.25

DOCUMENT # N00000002547

1. Entity Name
PANHANDLE ARCHAEOLOGICAL SOCIETY AT TALLAHASSEE, INC.

JUU23814

Principal Place of Business	Mailing Address
324 JOHN KNOX RD, WOODCREST OFFICE PARK BLDG F, US FOREST SERVICE CONFERENCE RM TALLAHASSEE, FL	423 E VIRGINIA STREET TALLAHASSEE, FL 32301

08182006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
B. Calvin Jones Center for Archeology	P.O. Box 20026, ~~West Side Station~~
Suite, Apt. #, etc.: 1001 deSoto Park Drive	Suite, Apt. #, etc.: ~~2020 W. Pensacola St.~~
City & State: Tallahassee, FL	City & State: Tallahassee, FL ~~32~~
Zip: 32301 Country: U.S.A.	Zip: 32316-0026 Country: U.S.A.

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANTON, WILLIAM M 2032 LONGVIEW DR TALLAHASSEE, FL 32303	Name: Ellen Lindstrom Street Address (P.O. Box Number is Not Acceptable): 415 W. 6th Avenue City: Tallahassee FL Zip Code: 32303

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: Ellen Lindstrom PAST Treasurer August 18, 2006
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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRATT, HENRY J 4083 BLIND BROOK COURT TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thulman, David 1906 Atapha Ne ne Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MANN, LONNIE 1120 E WINDWOOD WAY TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ Kimberly Munroe 426 W. 15th Ave Tallahassee, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WESTERMAN, DEBRA 2182 PEER COURT TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Rhonda Kimbrough 8900 Celia ~~Drive~~ Road Tallahassee, FL 32305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STANTON, WILLIAM 2032 LONGVIEW DR TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ellen Lindstrom 415 W. 6th Avenue Tallahassee, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ellen Lindstrom 8/18/06 (850) 224-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #