## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002547

FILED Mar 03, 2009 Secretary of State

Entity Name: PANHANDLE ARCHAEOLOGICAL SOCIETY AT TALLAHASSE, INC.

**Current Principal Place of Business: New Principal Place of Business:** B. CALVIN JONES CENTER FOR ARCHAEOLOGY 1001 DE SOTO PARK DRIVE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** P.O. BOX 20026 TALLAHASSEE, FL 32316 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRATT, JR, HENRY J 4083 BLIND BROOK CT TALLAHASSEE, FL 323037155 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 KRATT, JR, HENRY J Name: Name: 4083 BLIND BROOK CT Address: Address: City-St-Zip: TALLAHASSEE, FL 323037155 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MANN, LONNIE Name: Address: 1120 E WINDWOOD WAY Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition BASAN, RACHEL Name: BASAN PORTER, RACHEL Name: 6808 DAY STAR CT 6808 DAY STAR CT Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: () Change () Addition Name: DUNBAR, JIM Name: 1001 DE SOTO PARK DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: Title: () Delete () Change () Addition GLOWACKI, MARY Name: Name: 1001 DE SOTO PARK DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition KIMBROUGH, RHONDA KIMBROUGH, RHONDA Name: Name: Address: 8900 CELIA ROAD Address: 8900 CELIA ROAD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 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: HENRY J. KRATT, JR. T 03/03/2009