


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N02000006254 1. Entity Name SUNSHINE STATE ARCHAEOLOGICAL SOCIETY OF FLORIDA, INC.	
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Principal Place of Business P.O. BOX 5171 WINTER PARK, FL 32793 US	Mailing Address P.O. BOX 5171 WINTER PARK, FL 32793 US
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0792503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKENZIE, HUGH W 1002 DUNRAVEN DRIVE WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
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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 _____
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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KNIGHT, ROBERT PH.D. 2809 NW 161ST COURT GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HYDE, ALLEN 53A WEST MACCLENNY AVE MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTY MUNROE, DON 11211 SW 67TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MCKENZIE, HUGH W 1002 DUNRAVEN DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000677212
03/30/07-80094-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Hugh W. McKenzie, TREAS, HUGH W. MCKENZIE 3-20-07 407-647-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #