

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006254

FILED
Mar 19, 2009
Secretary of State

Entity Name: SUNSHINE STATE ARCHAEOLOGICAL SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 5171
WINTER PARK, FL 32793 US

New Principal Place of Business:

2809 NW 161ST COURT
GAINESVILLE, FL 32609 US

Current Mailing Address:

P.O. BOX 5171
WINTER PARK, FL 32793 US

New Mailing Address:

1002 DUNRAVEN DRIVE
WINTER PARK, FL 32792 US

FEI Number: 55-0792503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, HUGH W
1002 DUNRAVEN DRIVE
WINTER PARK, FL 32792 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: PRES () Delete
Name: KNIGHT, ROBERT PH.D.
Address: 2809 NW 161ST COURT
City-St-Zip: GAINESVILLE, FL 32609

Title: VP () Delete
Name: HYDE, ALLEN
Address: 53A WEST MACCLENNY AVE
City-St-Zip: MACCLENNY, FL 32063

Title: SCTY () Delete
Name: MUNROE, DON
Address: 11211 SW 67TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: TRES () Delete
Name: MCKENZIE, HUGH W
Address: 1002 DUNRAVEN DRIVE
City-St-Zip: WINTER PARK, FL 32792

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: () Change () Addition
Name:
Address:
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: HUGH W. MCKENZIE

TRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date