

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006560

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE ARCHAEOLOGY FOUNDATION, INC.

Current Principal Place of Business:

2026 CHULI NENE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2026 CHULI NENE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 55-0847979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, RYAN J
2026 CHULI NENE
TALLAHASSEE, FL 32301 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: DIR () Delete
Name: LUER, GEORGE M
Address: 3222 OLD OAK DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: DIR () Delete
Name: WHEELER, RYAN J
Address: 2026 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DIR () Delete
Name: MCGEE, RAY M
Address: 5814 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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:

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: RYAN J. WHEELER

DIR

03/27/2009

Electronic Signature of Signing Officer or Director

Date