

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008507

FILED
Jun 15, 2009
Secretary of State

Entity Name: ARCHAEOLOGICAL RESEARCH COOPERATIVE, INC.

Current Principal Place of Business:

410 EL DESTINADO DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

410 EL DESTINADO DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 30-0339097 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FAUGHT, MICHAEL
410 EL DESTINADO DR.
TALLAHASSEE, FL 32312 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:

Title: DR () Delete
Name: THULMAN, DAVID
Address: 6907 OAKRIDGE RIDGE ROAD
City-St-Zip: UNIVERSITY PARK, MD 20782

Title: DR () Delete
Name: FAUGHT, MICHAEL K
Address: 410 EL DESTINADO DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DR () Delete
Name: NORR, LYNETTE
Address: 410 EL DESTINADO DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MS () Delete
Name: TOBON, CAMILA M
Address: 290 NE 100 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: MR () Delete
Name: PENDLETON, RYAN
Address: 290 NE 100 ST.
City-St-Zip: MIAMI SHORES, FL 33138 US

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:

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: MICHAEL K. FAUGHT

TREA

06/15/2009

Electronic Signature of Signing Officer or Director

Date