

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008275

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR RESEARCH & ARCHAEOLOGY IN THE SOUTHERN LEVANT, INC.

**Current Principal Place of Business:**

2932 MYRTLE OAK CIRCLE  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

2932 MYRTLE OAK CIRCLE  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARR, ROBERT  
2932 MYRTLE OAK CIRCLE  
DAVIE, FL 33328 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: P, D  
Name: CARR, ROBERT PD  
Address: 2932 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

Title: D  
Name: PINCUS, JESSIE  
Address: 2932 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: D, V  
Name: PINCUS, MICHAEL VD  
Address: 2932 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

Title: D  
Name: PINCUS, KATHY D  
Address: 2932 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT S. CARR

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date