

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N11507 (3)**  
1. Corporation Name  
**PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.**



Principal Place of Business  
**PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
P.O. BOX 13251  
PENSACOLA FL 32591  
US**

Mailing Address  
**PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
P.O. BOX 13251  
PENSACOLA FL 32591  
US**

3. Date Incorporated or Qualified  
**10/09/1985**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**59-2589762**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**JOHNSON, SANDRA  
428 WARWICK STREET  
GULF BREEZE FL 32561**

## 10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKEY, EDWIN H.</b>	1.2 NAME	<b>FRANKLIN, ELIZABETH L.</b>
STREET ADDRESS	<b>4548 MARSEILLE DR.</b>	1.3 STREET ADDRESS	<b>P.O. BOX 1176 NA</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	<b>GONZALEZ, FL 32560</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SANDRA</b>	2.2 NAME	
STREET ADDRESS	<b>428 WARWICK STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, ELIZABETH</b>	3.2 NAME	<b>CAROL SHANK</b>
STREET ADDRESS	<b>3374 PINE FOREST ROAD</b>	3.3 STREET ADDRESS	<b>4524 PINE SPRINGS DR</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>	3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, JAMES C.</b>	4.2 NAME	
STREET ADDRESS	<b>4547 LASSASSIER DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDLEHOOVER, MARTHA M</b>	5.2 NAME	
STREET ADDRESS	<b>3755 BARNWELL CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James C. Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR. 7, 1996** **904-432-8204**

Date

Daytime Phone #

CR2E037 (12/95)