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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

10/09/1985

4. FEI Number

59-2589762

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	
TITLE	<input type="checkbox"/> DELETE
NAME	PD FRANKLIN, ELIZABETH L.
STREET ADDRESS	PO BOX 1176 N/A
CITY - ST - ZIP	GONZALEZ FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD JOHNSON, SANDRA
STREET ADDRESS	428 WARWICK STREET
CITY - ST - ZIP	GULF BREEZE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DICKEY, EDWIN H JR
STREET ADDRESS	4548 MARSEILLE DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GOLEMAN, JAMES C.
STREET ADDRESS	4547 LAGASSIER DR.
CITY - ST - ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D RIDLEHOOVER, MARTHA M
STREET ADDRESS	3755 BARNWELL CIR
CITY - ST - ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Treasurer
1.3 STREET ADDRESS	VanEpps, Nancy L.
1.4 CITY - ST - ZIP	13922 River Rd
	Pensacola, FL 32507
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Nancy L. VanEpps

4/11/98

850-492-2041

CR2E037 (10/97)