

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11507

FILED
Apr 28, 2005
Secretary of State

Entity Name: PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2589762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAPP, CHARLES J
17119 PERDIDO DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

CRANE, JOHN R
1605 BATAAN LN
GULF BREEZE, FL 32563 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: JOHN R. CRANE

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ALDERMAN, KEN
Address: 6322 LAKE CHARLENE DR
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: GAUTIER, KATHLEEN M
Address: 1725 ENSENADA DR
City-St-Zip: PENSACOLA, FL 32561

Title: CS () Delete
Name: BENCHLEY, ELIZABETH D
Address: 2910 MAGNOLIA AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: RIDLEHOOVER, MARTHA
Address: 3755 BARNWELL CIR
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: LLOYD, JANET R
Address: 609 N. 72ND AV
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: FRANKLIN, ELIZABETH
Address: 3374 PINE FOREST RD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GAUTIER, KATHLEEN M
Address: 6111 ENTERPRISE DR. APT. 1007
City-St-Zip: PENSACOLA, FL 32505

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 for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN M. GAUTIER

TREA

04/28/2005

Electronic Signature of Signing Officer or Director

Date