2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N11507

Entity Name: PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.
207 EAST MAIN ST.
PENSACOLA, FL 32502 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 (X)**

Name and Address of Current Registered Agent:

LEROY, JOHN PRES
5331 POWRIE DR.
PENSACOLA, FL 32504 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: D ( ) Delete
Name: ALDERMAN, KEN
Address: 6322 LAKE CHARLENE DR
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete
Name: GAUTIER, KATHLEEN M
Address: 2299 SCENIC HWY. A-4
City-St-Zip: PENSACOLA, FL 32503

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

Title: D ( ) Delete
Name: WRIGHT, BARBARA
Address: 333 SILVER RD.
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: VD ( ) Delete
Name: RIDLEHOOVER, MARTHA
Address: 3755 BARNWELL CR.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: CARROLL, NORINE
Address: 3006 E LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32503 US

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: D (X) Change ( ) Addition
Name: LLOYD, JANET R
Address: 609 N. 72ND AV
City-St-Zip: PENSACOLA, FL 32506

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: KATHLEEN M. GAUTIER T 04/15/2009

Electronic Signature of Signing Officer or Director — Date