

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90122 022 \*\*\*\*61.25

**DOCUMENT # N11507**

1. Entity 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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2589762**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOCASKEY, THOMAS S**  
**3765 SCENIC RIDGE DR**  
**PENSACOLA FL 32514**

Name **BENCHLEY, Elizabeth D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2910 Magnolia Ave**  
City **Pensacola** FL Zip Code **32503**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth D. Benchley* **Elizabeth D. Benchley** **2/4/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAPP, CHARLES J</b> <b>17119 PERDIDO KEY DR</b> <b>PENSACOLA FL 32507</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GAUTIER, KEY</b> <b>1725 ENSENADA DR</b> <b>PENSACOLA FL 32561</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRANE, JOHN R</b> <b>1605 BATAAN LANE</b> <b>GULF BREEZE FL 32561</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIDLEHOOVER, MARTHA M</b> <b>3755 BARNWELL CIR</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VAN EPPS, NANCY L</b> <b>13922 RIDER RD</b> <b>PENSACOLA FL 32507</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>FRANKLIN, E.L. "CONNIE"</b> <b>3374 PINE FOREST RD</b> <b>CANTONMENT FL 32533</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENCHLEY, Elizabeth D.</b> <b>2910 Magnolia Ave</b> <b>Pensacola FL 32503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth D. Benchley* **Elizabeth D. Benchley** **2/4/03** **850 434-6276**  
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/02)