

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41331

FILED
Jan 10, 2007
Secretary of State

Entity Name: CENTER FOR HISTORICAL ARCHAEOLOGY, INC.

Current Principal Place of Business:

285 PROVINCIAL DRIVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

285 PROVINCIAL DRIVE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3054027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE BRY, JOHN
285 PROVINCIAL DRIVE
INDIALANTIC, FL 32903 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: DP () Delete
Name: DE BRY, JOHN,
Address: 285 PROVINCIAL DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: DE BRY, NANCY,
Address: 285 PROVINCIAL DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: SIEGEL, JERRY L
Address: 117 E 62 ST
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: CRONE, STEPHANIE L
Address: 1113 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CRONE, STEPHANIE L
Address: 440 DEER POINTE CIRCLE
City-St-Zip: CASSELLBERRY, FL 32707

Title: D () Change (X) Addition
Name: FUNK, THOMAS
Address: 360 INDIAN MOUND DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN DE BRY

DP

01/10/2007

Electronic Signature of Signing Officer or Director

Date