2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N41331

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 (X)**

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:	440 DEER POINTE CIRCLE	
City-St-Zip:	CASSELLBERRY, FL 32707	
Title:	D	( ) Delete
Name:	FUNK, THOMAS	
Address:	360 INDIAN MOUND DRIVE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HEDRICK, LAYNE L	
Address:	12312 THOMPKINS DRIVE	
City-St-Zip:	AUSTIN, TX 78753	
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 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 03/27/2008

Electronic Signature of Signing Officer or Director — Date