

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41331

**FILED**  
**Mar 07, 2011**  
**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 (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  
Name: DE BRY, JOHN  
Address: 285 PROVINCIAL DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

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

Title: D  
Name: HEDRICK, LAYNE L  
Address: 12312 THOMPSON DRIVE  
City-St-Zip: AUSTIN, TX 78753 US

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

Title: D  
Name: FUNK, THOMAS  
Address: 360 INDIAN MOUND DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN DE BRY

DP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date