

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000098**

1. Entity Name  
**SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH,  
INC.**



Principal Place of Business  
**1205 MALDONADO DRIVE  
PENSACOLA BEACH, FL 32561**

Mailing Address  
**P.O. BOX 13512  
PENSACOLA, FL 32591**



04052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3185783**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRANKLIN, MARIANNE  
1205 MALDONADO DRIVE  
PENSACOLA BEACH, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

00000010500  
04/12/04-R0150-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	WEINSTEIN, ERI
STREET ADDRESS	2001 CHERRYWOOD
CITY- ST- ZIP	AUSTIN, TE 78722
TITLE	DV
NAME	RODERICK, MATHER
STREET ADDRESS	UNIVERSITY OF RHODE ISLAND
CITY- ST- ZIP	KINGSTON, RI 02881
TITLE	DP
NAME	FRANKLIN, MARIANNE
STREET ADDRESS	1205 MALDONADO
CITY- ST- ZIP	PENSACOLA BEACH, FL 32561
TITLE	DT
NAME	CARLSON, BETSY
STREET ADDRESS	PO BOX 13512
CITY- ST- ZIP	PENSACOLA, FL 32591
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIANNE  
FRANKLIN**

**4/05/04**  
Date

**856  
934-3783**  
Daytime Phone #