

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 008 ****61.25

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**

DO NOT WRITE IN THIS SPACE



05022005 No Chg-NP

CR2E037 (10/03)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

Marianne Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/17/05 850
418-2763

MARIANNE FRANKLIN
DIRECTOR & PRESIDENT