


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 032 ****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 <i>(correct)</i>	
2. Principal Place of Business 526 W. Lee St. Suite, Apt. #, etc.		3. Mailing Address PO BOX 13512 Suite, Apt. #, etc.	
City & State Pensacola, FL Zip 32561		City & State Pensacola, FL Zip 32591	
Country Escambia		Country Escambia	
4. FEI Number 59-3185783		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, MARIANNE 1205 MALDONADO DRIVE PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Marianne Franklin Street Address (P.O. Box Number is Not Acceptable) 526 W. Lee St. Pensacola City Pensacola FL Zip Code 32501	
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 <i>Marianne Franklin</i> D.P. 7/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete WEINSTEIN, ERI 2001 CHERRYWOOD AUSTIN, TE 78722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete RODERICK, MATHER UNIVERSITY OF RHODE ISLAND KINGSTON, RI 02881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete FRANKLIN, MARIANNE 1205 MALDONADO PENSACOLA BEACH, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete CARLSON, BETSY PO BOX 13512 PENSACOLA, FL 32591	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marianne Franklin</i> P.D. 7/16/06 850-458-2763 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			
MARIANNE FRANKLIN, P.D.			