


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000098 1. Entity Name SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH, INC.	
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Principal Place of Business 526 WEST LEE ST PENSACOLA, FL 32501	Mailing Address PO BOX 13512 PENSACOLA, FL 32591
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DO NOT WRITE IN THIS SPACE



05062008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3185783	Applied For 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 526 WEST LEE ST PENSACOLA, FL 32501

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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 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000950857 06/04/08-80008-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEINSTEIN, ERI 6815 JOYSE ST. AUSTIN, TE 78757
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 526 W. LEE ST. PENSACOLA, FL 32501
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	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1 May 2008 ⁸⁵⁰ 418-27163