
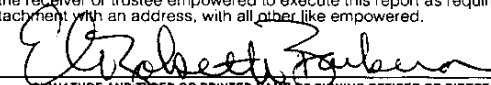


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 016 ****61.25

DOCUMENT # N93000003582 1. Entity Name FOUNDATION FOR THE ADVANCEMENT OF MESOAMERICAN STUDIES, INC.					
Principal Place of Business 268 SOUTH SUNCOAST BLVD CRYSTAL RIVER, FL 34429			Mailing Address 268 SOUTH SUNCOAST BLVD CRYSTAL RIVER, FL 34429		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 59-3195520				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 THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE	D	<input type="checkbox"/> Delete			
NAME	KERR, BARBARA				
STREET ADDRESS	14 WEST 17TH STREET APT 2S				
CITY-ST-ZIP	NEW YORK, NY 10011				
TITLE	D	<input type="checkbox"/> Delete			
NAME	KERR, JUSTIN				
STREET ADDRESS	14 WEST 17TH STREET APT 2S				
CITY-ST-ZIP	NEW YORK, NY 10011				
TITLE	D	<input type="checkbox"/> Delete			
NAME	DIEHL, DICK				
STREET ADDRESS	1214 WAKEFIELD DRIVE				
CITY-ST-ZIP	TUSCALOOSA, AL 35405				
TITLE	DT	<input type="checkbox"/> Delete			
NAME	BARBERA, ELIZABETH				
STREET ADDRESS	1736 DANNET PLACE				
CITY-ST-ZIP	EAST MEADOW, NY 11554				
TITLE	EDS	<input type="checkbox"/> Delete			
NAME	NOBLE, SANDRA DR				
STREET ADDRESS	10976 COVE HARBOR DRIVE				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428				
TITLE	D	<input type="checkbox"/> Delete			
NAME	REENTS-BUDET, DORIE				
STREET ADDRESS	27 CHESTNUT BLUFF LANE				
CITY-ST-ZIP	DURHAM, NC 27713				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DCP				
NAME	LEWIS S. RANIERE				
STREET ADDRESS	C/O RANIERE & CO., INC				
CITY-ST-ZIP	50 CHARLES LINDBERGH BLVD UNIONDALE, N.Y. 11553				
TITLE	DV				
NAME	MARGARET RANIERE				
STREET ADDRESS	C/O RANIERE & CO., INC				
CITY-ST-ZIP	50 CHARLES LINDBERGH BLVD UNIONDALE, N.Y. 11553				
TITLE	S				
NAME	MARILYN GOLOSIN				
STREET ADDRESS	259 SCHENCK AVENUE				
CITY-ST-ZIP	GACATNICK, NY 11021				
TITLE	D				
NAME	JOHN WEEKS				
STREET ADDRESS	C/O UNIVERSITY OF PENNSYLVANIA MUSEUM LIBRARY				
CITY-ST-ZIP	3300 SPANGLER STREET PHILADELPHIA, PA 19104				
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:  6/28/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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