

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # N95000001196

1. Entity Name  
GULF ARCHAEOLOGY RESEARCH INSTITUTE, INC.



Principal Place of Business  
5990 NORTH TALLAHASSEE ROAD  
CRYSTAL RIVER, FL 34428 US

Mailing Address  
5990 NORTH TALLAHASSEE ROAD  
CRYSTAL RIVER, FL 34428 US



04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3296789

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, GARY D  
5990 NORTH TALLAHASSEE ROAD  
CRYSTAL RIVER, FL 34428

**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 \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ELLIS, GARY D  
STREET ADDRESS 2215 W DEER TRAIL LANE  
CITY-ST-ZIP LECANTO, FL 34461

TITLE D  
NAME ELLIS, JEANNE E  
STREET ADDRESS 2215 W DEER TRAIL LANE  
CITY-ST-ZIP LECANTO, FL 34461

TITLE D  
NAME DENSON, ROBIN L  
STREET ADDRESS 714 MOUNTAIN GAP ROAD  
CITY-ST-ZIP HUNTSVILLE, AL 35803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000350517  
05/02/05-80107-023 61.25

**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)(f), 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: GARY D ELLIS GARY D. ELLIS 4/28/05 352-564-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #