

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001196

FILED
Aug 29, 2007
Secretary of State

Entity Name: GULF ARCHAEOLOGY RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

5990 NORTH TALLAHASSEE ROAD
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

5990 NORTH TALLAHASSEE ROAD
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

FEI Number: 59-3296789 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELLIS, GARY D
Address: 2215 W DEER TRAIL LANE
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: ELLIS, JEANNE E
Address: 2215 W DEER TRAIL LANE
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: DENSON, ROBIN L
Address: 714 MOUNTAIN GAP ROAD
City-St-Zip: HUNTSVILLE, AL 35803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DORSEY, MARY
Address: 216 BUENA VISTA CT
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Change () Addition
Name: ELDER, JONATHAN
Address: 2231 W. DEER TRAIL LN
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. ELLIS

DIR

08/29/2007

Electronic Signature of Signing Officer or Director

Date