

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 029 ****61.25

DOCUMENT # N98000006237

1. Entity Name
BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.



Principal Place of Business
**481 S FEDERAL HWY
DANIA, FL 33004 US**

Mailing Address
**481 S FEDERAL HWY
APT 7-102
DANIA, FL 33004 US**

94061722



2. Principal Place of Business

3. Mailing Address

481 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

DANIA, FL 33004

4. FEI Number

65-0885191

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLYNN, PATTY
481 S. FEDERAL HWY
DANIA, FL 33004**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **PASCUCCI, RUDOLPH F**
STREET ADDRESS **3901 NW 79TH AVE**
CITY-ST-ZIP **DAVIE, FL 33024**

TITLE **PD** ☐ Delete
NAME **FLYNN, PATRICIA K**
STREET ADDRESS **6720 NOVA DR 7-102**
CITY-ST-ZIP **DAVIE, FL 33317**

TITLE **T** ☒ Delete
NAME **COCKERHAM, MARY JANE**
STREET ADDRESS **18726 NE 18TH AVENUE #218**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **SD** ☒ Delete
NAME **PROUDFOOT, JACQUELINE M**
STREET ADDRESS **501 E DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA, FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
NAME **PATRICIA K FLYNN**
STREET ADDRESS **481 S. Fed Highway**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **PD** ☒ Change ☒ Addition
NAME **SUE BEARSE**
STREET ADDRESS **481 S. Fed Highway**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **Director at Large** ☒ Change ☐ Addition
NAME **RUDY PASCUCCI**
STREET ADDRESS **481 S. Fed Highway**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **Director at Large** ☐ Change ☒ Addition
NAME **Peter Fendinardo**
STREET ADDRESS **481 S. Fed Highway**
CITY-ST-ZIP **DANIA BEACH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

PATRICIA K. FLYNN

4/29/04 (954) 925-7770

Date

Daytime Phone #