

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728553

Entity Name: THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.**FILED**
Feb 12, 2017
Secretary of State
CC2791069294**Current Principal Place of Business:**22425 S.W. 162 AVENUE
MIAMI, FL 33170**Current Mailing Address:**22425 S.W. 162 AVENUE
MIAMI, FL 33170 US**FEI Number: 59-2349286****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CONESA, BRIAN
22425 SW 162 AVENUE
MIAMI, FL 33170 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	SHRIVER-RICE, MERYL
Address	3164 CENTER STREET
City-State-Zip:	COCONUT GROVE FL 33133

Title	TD
Name	CONESA, BRIAN
Address	22425 SW 162 AVENUE
City-State-Zip:	MIAMI FL 33170

Title	VP
Name	BURRUS, E.CARTER JR.
Address	9080 S.W. 83 STREET
City-State-Zip:	MIAMI FL 33173

Title	D
Name	CARR, ROBERT S
Address	2932 MYRTLE OAK CIRCLE
City-State-Zip:	DAVIE FL

Title	D
Name	TANSEY, BARBARA
Address	35601 S.W. 192 AVENUE
City-State-Zip:	HOMESTEAD FL 33034

Title	PRESIDENT
Name	PHILBIN, MARCIA
Address	7727 S.W. 86 STREET UNIT 410
City-State-Zip:	MIAMI FL 33143

I hereby 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 all other like empowered.

SIGNATURE: BRIAN CONESA**TREASURER****02/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date