

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728553

**Entity Name:** THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.

**FILED**  
**Apr 05, 2014**  
**Secretary of State**  
**CC5997696754**

**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 PD  
Name GRAY, MARY ELLEN  
Address 1511 N.W. 79 WAY  
City-State-Zip: PEMBROKE PINES FL 33024

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

Title D  
Name LEFKOW, SETH  
Address 9700 W BAY HARBOR DR  
City-State-Zip: BAY HARBOR ISL FL

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

*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**

**04/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date