

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11507

**Entity Name:** PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
207 EAST MAIN ST.  
PENSACOLA, FL 32502

**Current Mailing Address:**

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
P.O. BOX 13251  
PENSACOLA, FL 32591 US

**FEI Number:** 59-2589762**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

WRIGHT, BARBARA PRES  
333 SILVER RD.  
PENSACOLA, FL 32503 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 T  
Name CARROLL, NORINE  
Address 1712 ENSENADA UNO #A  
City-State-Zip: PENSACOLA BEACH FL 32561

Title CS  
Name HOLMES, APRIL  
Address 950 REQUIN LANE  
City-State-Zip: PENSACOLA FL 32514

Title BD  
Name BENCHLEY, ELIZABETH D  
Address 2910 MAGNOLIA AVE  
City-State-Zip: PENSACOLA FL 32503

Title P  
Name WRIGHT, BARBARA  
Address 333 SILVER RD.  
City-State-Zip: PENSACOLA FL 32503

Title VP  
Name LEROY, JOHN R  
Address 5331 POWRIE DRIVE  
City-State-Zip: PENSACOLA FL 32504

Title RS  
Name SAMS, ADRIANNE  
Address 3241 BAYVIEW WAY  
City-State-Zip: PENSACOLA FL 32503

*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:** NORINE CARROLL**TREASURER****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date