

2019 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 6669 BON BAY DRIVE
City-State-Zip: MILTON FL 32583Title RS
Name HOLMES, APRIL
Address 551 CHADWICK STREET
City-State-Zip: PENSACOLA FL 32503Title BD
Name BENCHLEY, ELIZABETH D
Address 2910 MAGNOLIA AVE
City-State-Zip: PENSACOLA FL 32503Title P
Name WRIGHT, BARBARA
Address 333 SILVER RD.
City-State-Zip: PENSACOLA FL 32503Title VP
Name LEROY, JOHN R
Address 5331 POWRIE DRIVE
City-State-Zip: PENSACOLA FL 32504Title CS
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****04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date