

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **701282** (6)  
1. Corporation Name  
**THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC**

95 MAR -3 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
6900 PINE FOREST RD. 6900 PINE FOREST RD.  
P.O. BOX 12404 P.O. BOX 12404  
PENSACOLA FL 32582 PENSACOLA FL 32582

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/08/1960</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>23-7236411</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21	26		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROUNDY, ELSIE 6900 PINE FOREST RD. PENSACOLA FL 32526				81 Name	<i>Roendy Elsie</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>6900 Pine Forest Rd.</i>		
				83			
				84 City	<i>Pensacola</i>	85 Zip Code	<i>FL 32526</i>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<i>S DEAN, VIRGINIA</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, VIRGINIA	1.2 NAME	
STREET ADDRESS	2100 E LAKEVIEW	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	<i>32503</i>
TITLE	T	2.1 TITLE	<i>T ROUNDY, ELSIE G</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUNDY, ELSIE G.	2.2 NAME	
STREET ADDRESS	6900 PINE FORREST RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	<i>32526</i>
TITLE	P	3.1 TITLE	<i>P HARTZEL, MILDRED</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTZEL, MILDRED	3.2 NAME	
STREET ADDRESS	5623 SCOTLAND CR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	<i>32526</i>
TITLE	V	4.1 TITLE	<i>V WILLIAMS, WILLIA</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WELLIA	4.2 NAME	
STREET ADDRESS	1721 N 16TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	<i>32503</i>
TITLE	D	5.1 TITLE	<i>D SUTE, MAX</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTE, MAX	5.2 NAME	
STREET ADDRESS	620 W. 74TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	5.4 CITY - ST - ZIP	<i>32506</i>
TITLE	D	6.1 TITLE	<i>D WESLEY, MARY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESLEY, MARY	6.2 NAME	
STREET ADDRESS	2000 E MAXWELL ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	6.4 CITY - ST - ZIP	<i>32503</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Mildred Hartzel* \_\_\_\_\_ (NOTE: Signature and typed name of signing officer or director) \_\_\_\_\_ DATE: *904-453-5501* \_\_\_\_\_

*MILDRED HARTZEL, PRES*