

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 08/08/1960
3a. Date of Last Report: 03/03/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	23-7236411	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	S
NAME	DEAN, VIRGINIA	1.2 NAME	Berenice Turner
STREET ADDRESS	2100 E LAKEVIEW	1.3 STREET ADDRESS	2009 University St.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	T	2.1 TITLE	T
NAME	ROUNDY, ELSIE G.	2.2 NAME	Roundy, Elsie G.
STREET ADDRESS	6900 PINE FORREST RD.	2.3 STREET ADDRESS	6900 Pine Forest Rd
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	P	3.1 TITLE	P
NAME	HARTZEL, MILDRED	3.2 NAME	Hugh Turner
STREET ADDRESS	5823 SCOTLAND CR	3.3 STREET ADDRESS	2009 University St.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	V	4.1 TITLE	V
NAME	WILLIAMS, WELLIA	4.2 NAME	Dean, Virginia
STREET ADDRESS	1721 N 16TH AVE	4.3 STREET ADDRESS	2100 E. Lakeview
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	D	5.1 TITLE	D
NAME	SUTE, MAX	5.2 NAME	Speck, Anita
STREET ADDRESS	620 W. 74TH ST.	5.3 STREET ADDRESS	2470 Belle Christiana Cr.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	D	6.1 TITLE	D
NAME	WESLEY, MARY	6.2 NAME	Wesley, Mary
STREET ADDRESS	2000 E MAXWELL ST	6.3 STREET ADDRESS	2000 E. Maxwell St.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL 32503

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 indicated 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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ELSIE L. ROUNDY** JANUARY 26, 1996

CR2E037 (12/95)