

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701282 (6)**  
1. Corporation Name  
**THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC**



Principal Place of Business <b>6900 PINE FOREST RD. P.O. BOX 12404 PENSACOLA FL 32582</b>	Mailing Address <b>6900 PINE FOREST RD. P.O. BOX 12404 PENSACOLA FL 32582</b>	3. Date Incorporated or Qualified <b>08/08/1960</b>
2. Principal Place of Business		4. FEI Number <b>23-7236411</b>
2a. Mailing Address		Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBOLT, JUDY</b>	1.2 NAME	
STREET ADDRESS	<b>4049 ALCONBURY CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUNDY, ELSIE G.</b>	2.2 NAME	
STREET ADDRESS	<b>6900 PINE FORREST RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, HUGH</b>	3.2 NAME	
STREET ADDRESS	<b>2009 UNIVERSITY STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBOLT, W. DEAN</b>	4.2 NAME	
STREET ADDRESS	<b>4049 ALCONBURY CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, GRETTA</b>	5.2 NAME	
STREET ADDRESS	<b>711 UNDERWOOD 402-C</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESLEY, MARY</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>2000 E MAXWELL ST</b>	6.3 STREET ADDRESS	<b>Filligane Jeanette</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	6.4 CITY-ST-ZIP	<b>6845 Pine Forest Rd, Pensacola, FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(i), 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: \_\_\_\_\_ **9 FEB '98 850/478-2373**

CP2E037 (10/97)