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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701282

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

4049 ALCONBURY CIRCLE

Barcode

04/30/99 90180 050 \$61.25

21. Principal Place of Business P.O. BOX 12404 Suite, Apt. #, etc. PENSACOLA, FL City & State 32582 Zip	22. Mailing Address 4049 ALCONBURY CIR Suite, Apt. #, etc. P.O. BOX 12404 City & State PENSACOLA FL Zip 32582	23. Date Incorporated or Qualified 08/08/1960	24. FEI Number 23-7238411
25. Country ESCAMBIA	26. Country ESCAMBIA	27. Certificate of Status Desired <input type="checkbox"/>	28. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

8.75 Additional Fee Required  
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent -ROUNDY, ELSIE -6900 PINE FOREST RD. -PENSACOLA FL 32520-	10. Name and Address of New Registered Agent 81. Name JUDY DEBOLT 82. Street Address (P.O. Box Number is Not Acceptable) 4049 ALCONBURY CIRCLE 83. 84. City PENSACOLA FL 85. Zip Code 32514
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE: JUDITH A. DeBolt  
Signature, typed or printed name of registered agent and the if applicable. NOTE: Registered Agent signature required when appointing.  
Judy A. DeBolt  
DATE: 4-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	DEBOLT, JUDY 4049 ALCONBURY CIRCLE PENSACOLA FL 32514	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	ROUNDY, ELSIE G. 8900 PINE FOREST RD. PENSACOLA FL	1.2 NAME Berenice Turner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	TURNER, HUGH 2009 UNIVERSITY STREET PENSACOLA FL	1.3 STREET ADDRESS 2009 University St. Pensacola, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V	DEBOLT, W. DEAN 4049 ALCONBURY CIRCLE PENSACOLA FL 32514	1.4 CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HICKS, GRETTA 741 UNDERWOOD AVE G PENSACOLA FL 32504	2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	FILLINGANE JEANETTE 6845 PINE FOREST RD. PENSACOLA FL 32528	2.2 NAME JUDY DEBOLT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS 4049 ALCONBURY CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME SONN HUTCHESON, JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS 10064 HUNTSMAN PATH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP PENSACOLA, FL 32514-1689	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

SIGNATURE: JUDITH A. DeBolt  
Signature and typed or printed name of board official or director  
Judy A. DeBolt  
DATE: 4-26-99  
Treasurer (850) 474-3491

C202037 (11/98)