


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90139 029 \*\*\*\*61.25

<b>DOCUMENT # 701282</b> 1. Entity Name <b>THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC</b>					
Principal Place of Business <b>4049 ALCONBURY CIRCLE P.O. BOX 12404 PENSACOLA FL 32582</b>		Mailing Address <b>4049 ALCONBURY CIRCLE P.O. BOX 12404 PENSACOLA FL 32582</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7236411</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEBOLT, JUDY 4049 ALCONBURY CIRCLE PENSACOLA FL 32582</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEBOLT, JUDITH A</b>		NAME		
STREET ADDRESS	<b>4049 ALCONBURY CIRCLE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TURNER, HUGH</b>		NAME		
STREET ADDRESS	<b>2009 UNIVERSITY STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL</b>		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEBOLT, W. DEAN</b>		NAME		
STREET ADDRESS	<b>4049 ALCONBURY CIRCLE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WENTWORTH WARREN T</b>		NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>8380 NO. PALAFOX STREET</b>		STREET ADDRESS	<b>SUE NICHOLSON</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32534</b>		CITY - ST - ZIP	<b>1620 E. BOBE STREET</b>	
	<b>DECEASED</b>			<b>PENSACOLA, FL 32503</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SUTTON, LEORA</b>		NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>111 GETTYSBURG DR</b>		STREET ADDRESS	<b>BEVERLY STAGG</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32503</b>		CITY - ST - ZIP	<b>7407 LILLIE AVENUE</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOMMERS, KATHERINE B</b>		NAME	<b>PENSACOLA, FL 32526</b>	
STREET ADDRESS	<b>3560 CORTEZ DRIVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PENSACOLA FL 32503</b>		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Judy A. DeBolt</i> <b>JUDITH A. DEBOLT</b> <i>April 27, 2004</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					



MOORE CR2E037 (11/03)

850-477-3294