

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90087 041 \*\*\*\*61.25

DOCUMENT # 701282  
 1. Entity Name  
 THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC



Principal Place of Business      Mailing Address  
 4049 ALCONBURY CIRCLE      4049 ALCONBURY CIRCLE  
 P.O. BOX 12404      P.O. BOX 12404  
 PENSACOLA, FL 32582      PENSACOLA, FL 32582



02052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 23-7236411 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEBOLT, JUDY  
 4049 ALCONBURY CIRCLE  
 PENSACOLA, FL 32582

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DEBOLT, JUDITH A
STREET ADDRESS	4049 ALCONBURY CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	P
NAME	TURNER, HUGH
STREET ADDRESS	2009 UNIVERSITY STREET
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	DEBOLT, W. DEAN
STREET ADDRESS	4049 ALCONBURY CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	<del>NICHOLSON, SUE</del> MARY WESLEY
STREET ADDRESS	<del>1620 E BOBE STREET</del> 2000 E. MAXWELL
CITY-ST-ZIP	<del>PENSACOLA, FL 32503</del> ST. PENSACOLA, FL 32503
TITLE	D
NAME	STAGG, BEVERLY
STREET ADDRESS	7407 LILLIE AVE.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D
NAME	SOMMERS, KATHERINE B
STREET ADDRESS	3560 CORTEZ DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503

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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: *Judith A. DeBolt, Sec/Treas.*      3-19-05 850-477-3294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

JUDITH A. DEBOLT