


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 4049 ALCONBURY CIRCLE P.O. BOX 12404 PENSACOLA, FL 32582	Mailing Address 4049 ALCONBURY CIRCLE P.O. BOX 12404 PENSACOLA, FL 32582
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7236411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

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

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U00000709477
 04/25/07-80004-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* (**JUDITH A. DEBOLT**) **4-13-07** **850-477-3294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary/Treasurer