

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701282

FILED
May 12, 2009
Secretary of State

Entity Name: THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC

Current Principal Place of Business:

4049 ALCONBURY CIRCLE
P.O. BOX 12404
PENSACOLA, FL 32582

New Principal Place of Business:

4049 ALCONBURY CIRCLE
PENSACOLA, FL 32582

Current Mailing Address:

4049 ALCONBURY CIRCLE
P.O. BOX 12404
PENSACOLA, FL 32582

New Mailing Address:

FEI Number: 23-7236411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEBOLT, JUDY
4049 ALCONBURY CIRCLE
PENSACOLA, FL 32582 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DEBOLT, JUDITH A
Address: 4049 ALCONBURY CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: TURNER, HUGH
Address: 2009 UNIVERSITY STREET
City-St-Zip: PENSACOLA, FL

Title: V () Delete
Name: DEBOLT, W. DEAN
Address: 4049 ALCONBURY CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WESLEY, MARY
Address: 2000 E MAXWELL ST
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: STAGG, BEVERLY
Address: 7407 LILLIE AVE.
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: SOMMERS, KATHERINE B
Address: 3560 CORTEZ DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH A. DEBOLT

ST

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date