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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705631** **(0)**

1. Corporation Name

PENSACOLA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
~~405 SOUTH ADAMS ST~~ PENSACOLA FL 32501	~~405 SOUTH ADAMS ST~~ PENSACOLA FL 32501-6003

3. Date Incorporated or Qualified: 03/20/1933
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business	2a. Mailing Address
21 117 E. GOVERNMENT	26 117 E. GOVERNMENT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA FL	City & State 28 PENSACOLA, FL.
Zip 24 32501-6003 Country 25 ESCAMBIA	Zip 29 32501-6003 Country 30

4. FEI Number: 59-0917279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, SANDRA L. ~~405 S. ADAMS ST.~~ 117 E. GOVERNMENT PENSACOLA FL 32501 (New address)	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sandra L. Johnson April 3, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~ PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANSON, H O CAPT		1.2 NAME		
STREET ADDRESS	4080 KING ARTHUR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PARKS, D. PAUL (MRS.)		2.2 NAME		
STREET ADDRESS	~~405 SOUTH ADAMS ST~~ →		2.3 STREET ADDRESS	350 BUNKER HILL DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 00000		2.4 CITY-ST-ZIP	PENSACOLA, FL. 32506	
TITLE	FVD	☒ DELETE	3.1 TITLE	FVD	☒ Change ☒ Addition
NAME	MARGIOTTI, VINCENT J.		3.2 NAME	NOONAN, Bill	
STREET ADDRESS	405 SOUTH ADAMS ST		3.3 STREET ADDRESS	2720 Blackstear Ave.	
CITY-ST-ZIP	PENSACOLA, FL 00000		3.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	VEAL, J H, MRS		4.2 NAME		
STREET ADDRESS	~~405 SOUTH ADAMS ST~~ →		4.3 STREET ADDRESS	627 BAYSHORE DR	
CITY-ST-ZIP	PENSACOLA, FL 00000		4.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	~~PD~~ D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DODSON, MRS. PAT (PEGGY)		5.2 NAME		
STREET ADDRESS	~~405 SOUTH ADAMS ST~~ →		5.3 STREET ADDRESS	4825 ANDRADE	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		☐ DELETE	6.1 TITLE	SECTY DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	MAYO, NED	
STREET ADDRESS			6.3 STREET ADDRESS	500 NAVY COVE BLVD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	

CR2E037 (9/96)

14. I do 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 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.

SIGNATURE: SIGNATURE REQUIRED J. H. VEAL TREASURER 4/3/97 904-433-1559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072355