

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90170 010 ****61.25

DOCUMENT # 705631

1. Corporation Name

PENSACOLA HISTORICAL SOCIETY, INC.

Principal Place of Business

117 E GOVERNMENT
PENSACOLA FL 32501-003
US

Mailing Address

117 E GOVERNMENT
PENSACOLA FL 32501-003
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/20/1933

4. FEI Number

59-0917279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, SANDRA L.
117 E GOVERNMENT
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ANSON, H O CAPT ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
4080 KING ARTHUR DR
PENSACOLA, FL 00000

TITLE D PARKS, D. PAUL (MRS.) ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
350 BUNKER HILL DR
PENSACOLA, FL 00000

TITLE FVD NOONAN, BILL ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
2720 BLACKSHEAR AVE
PENSACOLA, FL 00000

TITLE TD VEAL, J H, MRS ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
627 BAYSHORE DR
PENSACOLA, FL 00000

TITLE PD DODSON, MRS. PAT (PEGGY) ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
4825 ANDRADE
PENSACOLA FL

TITLE SD MAYO, NED ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
500 NAVY COVE BLVD
GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Noonan, W.J. Jr ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2720 Black Shear Ave.
Pensacola, Fl. 32503

2.1 TITLE D Erick Mead ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3700 Potosi Rd
Pensacola, Fl. 32504

3.1 TITLE SD Dodson Mrs. Pat (Peggy) ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4825 Andrade
Pensacola, Fl. 32504

4.1 TITLE TD Sherman, Roger ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1823 North 9th Ave.
Pensacola, Fl. 32503

5.1 TITLE D Sherrill, Charles C. Jr. ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
410 Gov. St
Pensacola, Fl. 32501

6.1 TITLE VPD Eppenson, Dr. David ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
1813 Yates Ave.
Pensacola, Fl. 32503

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)

0077454