FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State **DOCUMENT # 705631** 1. Entity Name 09-06-2001 90244 034 ****61.25 PENSACOLA HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address R0063465 117 E GOVERNMENT 117 E GOVERNMENT PENSACOLA FL 32501-003 PENSACOLA FL 32501-003 US IJS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0917279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, SANDRA L. 117 E GOVERNMENT PENSACOLA FL 32501 City Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME HATTO, EARL NAME 3459 RIVER GARDEN CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL ☐ Delete ☐ Addition TITLE ☐ Change NAME MEAD, ERICK NAME _ _ STREET ADDRESS 3700 POTOSI RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Change ☐ Addition Delete TITLE NOONAN, BILL NAME NAME STREET ADDRESS 2720 BLACKSHEAR AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHERMAN, ROGER NAME NAME STREET ADDRESS 1823 NORTH 9TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32503 TITLE ☐ Delete ☐ Change ☐ Addition TITLE DODSON, MRS. PAT (PEGGY) NAME NAME **4825 ANDRADE** STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PENSACOLA FL CITY-ST-ZIP TITLE TITLE Hank Anson 4082 King Arthur Dr. Pansacoly Fl. 32514 Change ☐ Addition Delete HILL, KENNETH NAME NAME STREET ADDRESS 4595 FRANCISCO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503

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:

SAXATURE REQUIRED

0/23/01