

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730559 (2)
 1. Corporation Name
NORTH HILL PRESERVATION ASSOCIATION, INC.



Principal Place of Business 823 NORTH BAYLEN STREET P.O. BOX 12451 PENSACOLA FL 32582	Mailing Address 823 NORTH BAYLEN STREET P.O. BOX 12451 PENSACOLA FL 32582
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3. Date Incorporated or Qualified 08/29/1974	3a. Date of Last Report 05/18/1995
4. FEI Number 23-7437278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**JOHNSON, DRU C
119 W. LLOYD ST.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name CHARLES R. JONES
82. Street Address (P.O. Box Number is Not Acceptable) 611 N. BARCELONA ST
83. City PENSACOLA FL
85. Zip Code 32501

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 *Charles R Jones* **CHARLES R JONES, Treasurer, JAN 30, 1996**
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	<input type="checkbox"/> DELETE
NAME	MAHON, BELINDA	
STREET ADDRESS	315 WEST LEE STREET	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, KAREN	
STREET ADDRESS	304 W GADSEN	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, KAREN	
STREET ADDRESS	304 W. GADSDEN	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DRU C	
STREET ADDRESS	119 W. LLOYD ST.	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNIS, BOB	
STREET ADDRESS	25 WEST BRAINERD STREET	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHON, BELINDA	
STREET ADDRESS	315 WEST LEE STREET	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	JOAN ALLEN
3.4 CITY - ST - ZIP	380 W. BRAINERD ST PENSACOLA, FL 32501
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TO
4.3 STREET ADDRESS	CHARLES R. JONES
4.4 CITY - ST - ZIP	611 N. BARCELONA ST PENSACOLA, FL 32501
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charles R Jones* **CHARLES R JONES** **904-438-8878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)