

3/24/97

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 730559 (2)

1. Corporation Name

NORTH HILL PRESERVATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

823 NORTH BAYLEN STREET  
P.O. BOX 12451  
PENSACOLA FL 32582

823 NORTH BAYLEN STREET  
P.O. BOX 12451  
PENSACOLA FL 32582-2451

3. Date Incorporated or Qualified  
08/29/1974

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
23-7437278

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

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

JONES, CHARLES R.  
811 NORTH BARCELONA STREET  
PENSACOLA FL 32501

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

*Charles R. Jones*  
Signature, typed or printed name of registered agent, if applicable

CHARLES R. JONES, TREASURER

MAR 3, 1997  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME MAHON, BELINDA  
STREET ADDRESS 315 WEST LEE STREET  
CITY-ST-ZIP PENSACOLA, FL 00000

1.1 TITLE V.D.  Change  Addition  
1.2 NAME HARRY SWINFORD  
1.3 STREET ADDRESS 1401 N. BAYLEN ST.  
1.4 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  DELETE  
NAME BROWN, KAREN  
STREET ADDRESS 304 W GADSDEN  
CITY-ST-ZIP PENSACOLA, FL 00000

2.1 TITLE SD  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME ALLEN, JOAN  
STREET ADDRESS 380 W BRAINERD STREET  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE PD  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME JONES, CHARLES R.  
STREET ADDRESS 611 NORTH BARDELON STREET  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DENNIS, BOB  
STREET ADDRESS 25 WEST BRAINERD STREET  
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE Roy WHITAKER  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS 1125 N. BAYLEN ST.  
5.4 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  DELETE  
NAME MAHON, BELINDA  
STREET ADDRESS 315 WEST LEE STREET  
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE  Change  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 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:

*Charles R. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. JONES  
MAR 3, 1997 438-8878  
DATE

CR2E037 (9/96)