

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

DOCUMENT # N93000002514 (8)

1. Corporation Name

14 SOUTH PALAFOX PLACE, INC.



Principal Place of Business

Mailing Address

**14 PALAFOX PLACE
SUITE 221
PENSACOLA FL 32501
US**

**14 PALAFOX PLACE
SUITE 221
PENSACOLA FL 32501
US**

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **14 Palafox Place**

26 **P.O. Box 943**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Pensacola, FL**

28 **Pensacola, FL**

Zip

Country

Zip

Country

24 **32501**

25 **Escambia**

29 **32594**

30 **Escambia**

4. FEI Number
59-3156757

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

**SCHLENKER, PATRICK
SACRED HEART HOSPITAL
5151 N. 9TH AVE.
PENSACOLA FL 32504**

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PURSER, DORIS J	
STREET ADDRESS	2 N. PALAFOX ST, SUITE 221	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HALL, RICHARD	
STREET ADDRESS	BLVD. 3464, NAS	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAYGARDEN, L A	
STREET ADDRESS	1241 TAMARA DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHLENKER, PATRICK	
STREET ADDRESS	5151 N. 9TH AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEARD, BEN W	
STREET ADDRESS	3740 MCCLELLAN RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEGRETTI, MARY	
STREET ADDRESS	160 GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Purser, Doris J.	
1.3 STREET ADDRESS	14 Palafox Place	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arnold Hendrix	
2.3 STREET ADDRESS	302 Mary Esther Blvd.	
2.4 CITY-ST-ZIP	Mary Esther, FL 32569	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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:

Doris J. Purser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris J. Purser, President

3-1-96

(904)434-0268

Date

Daytime Phone #

CR2E037 (12/95)