

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 11 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N93000002514 (8)**

1. Corporation Name  
**14 SOUTH PALAFOX PLACE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>14 PALAFOX PLACE<br/>PENSACOLA FL 32501<br/>US</b> | Mailing Address<br><b>P.O. BOX 943<br/>PENSACOLA FL 32594<br/>US</b> |
|--|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>11/13/1992</b>   |   |
| 4. FEI Number<br><b>59-3156757</b>   | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

|  |                          |
|--|--------------------------|
| <b>81</b> Name   | <b>L. A. MAYGARDEN</b>   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) | <b>1241 TAMARA DRIVE</b> |
| <b>83</b>  |                          |
| <b>84</b> City   | <b>PENSACOLA FL</b>      |
| <b>85</b> Zip Code   | <b>32504</b>             |

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 *L. A. Maygarden* **April 29, 1998**  
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          | <b>P</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PURSER, DORIS J</b>       |  |
| STREET ADDRESS | <b>14 PALAFOX PLACE</b>      |  |
| CITY-ST-ZIP    | <b>PENSACOLA FL</b>          |  |
| TITLE          | <b>DV</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>HENDRIX, ARNOLD</b>       |  |
| STREET ADDRESS | <b>902 MARY ESTHER BLVD</b>  |  |
| CITY-ST-ZIP    | <b>MARY ESTHER FL</b>        |  |
| TITLE          | <b>DC</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>MAYGARDEN, L A</b>        |  |
| STREET ADDRESS | <b>1241 TAMARA DR</b>        |  |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32504</b>    |  |
| TITLE          | <b>DST</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>SCHLENKER, PATRICK</b>    |  |
| STREET ADDRESS | <b>5151 N. 9TH AVE.</b>      |  |
| CITY-ST-ZIP    | <b>PENSACOLA FL</b>          |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>BEARD, BEN W</b>          |  |
| STREET ADDRESS | <b>3740 MCCLELLAN RD</b>     |  |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32503</b>    |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ALLEGRETTI, MARY</b>      |  |
| STREET ADDRESS | <b>180 GOVERNMENT STREET</b> |  |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32505</b>    |  |

**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 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 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 *L. A. Maygarden* **April 29, 1998 (8EN) 234-0968**

CP2E037 (10/97)