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Jun 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
PENSACOLA FL 32501
US**

**P.O. BOX 943
PENSACOLA FL 32594
US**

3. Date Incorporated or Qualified

11/13/1992

4. FEI Number

59-3156757

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ 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 **L. A. MAYGARDEN**
82 Street Address (P.O. Box Number is Not Acceptable)
1241 TAMARA DRIVE
83
84 City **PENSACOLA** FL 85 Zip Code **32504**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **PURSER, DORIS J**
STREET ADDRESS **14 PALAFOX PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DV** ☐ DELETE
NAME **HENDRIX, ARNOLD**
STREET ADDRESS **902 MARY ESTHER BLVD**
CITY-ST-ZIP **MARY ESTHER FL**

TITLE **DC** ☐ DELETE
NAME **MAYGARDEN, L A**
STREET ADDRESS **1241 TAMARA DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **DST** ☐ DELETE
NAME **SCHLENKER, PATRICK**
STREET ADDRESS **5151 N. 9TH AVE.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE
NAME **BEARD, BEN W**
STREET ADDRESS **3740 MCCLELLAN RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☒ DELETE
NAME **ALLEGRETTI, MARY**
STREET ADDRESS **180 GOVERNMENT STREET**
CITY-ST-ZIP **PENSACOLA FL 32505**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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**

June 11, 1998 (8EN)H34-0968

CP2E037 (10/97)