

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701282

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC2984306937**

**Entity Name:** THE PENSACOLA HISTORIC PRESERVATION SOCIETY, INC

**Current Principal Place of Business:**

204 SOUTH ALCANIZ STREET  
PENSACOLA, FL 32591

**Current Mailing Address:**

204 SOUTH ALCANIZ STREET  
P. O. BOX 12404  
PENSACOLA, FL 32591

**FEI Number:** 23-7236411

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAGG, BEVERLY A  
7407 LILLIE LANE  
PENSACOLA, FL 32526 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GOSS, MARIE  
Address 1845 SANDRA DRIVE  
City-State-Zip: PENSACOLA FL 32506

Title VP  
Name DEBOLT, W DEAN  
Address 4049 ALCONBURY CIRCLE  
City-State-Zip: PENSACOLA FL 32514

Title RS  
Name BUCHANAN, GENA  
Address 5412 FLINTWOOD  
City-State-Zip: PENSACOLA FL 32504

Title T  
Name STAGG, BEVERLY  
Address 7407 LILLIE LN  
City-State-Zip: PENSACOLA FL 32526

Title CS  
Name DAVIS, FRED  
Address 1524 E. JACKSON ST.  
City-State-Zip: PENSACOLA FL 32501

Title D  
Name ELLARD, SUZANNA  
Address 221 TOPEKA RD  
City-State-Zip: PENSACOLA FL 32514

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEVERLY A. STAGG

**TREASURER**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date