

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701282

FILED  
May 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4049 ALCONBURY CIRCLE  
P.O. BOX 12404  
PENSACOLA, FL 32582

**New Principal Place of Business:**

4049 ALCONBURY CIRCLE  
PENSACOLA, FL 32582

**Current Mailing Address:**

4049 ALCONBURY CIRCLE  
P.O. BOX 12404  
PENSACOLA, FL 32582

**New Mailing Address:**

**FEI Number:** 23-7236411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DEBOLT, JUDY  
4049 ALCONBURY CIRCLE  
PENSACOLA, FL 32582      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

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: DEBOLT, JUDITH A  
Address: 4049 ALCONBURY CIRCLE  
City-St-Zip: PENSACOLA, FL 32514

Title: P      ( ) Delete  
Name: TURNER, HUGH  
Address: 2009 UNIVERSITY STREET  
City-St-Zip: PENSACOLA, FL

Title: V      ( ) Delete  
Name: DEBOLT, W. DEAN  
Address: 4049 ALCONBURY CIRCLE  
City-St-Zip: PENSACOLA, FL 32514

Title: D      ( ) Delete  
Name: WESLEY, MARY  
Address: 2000 E MAXWELL ST  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: STAGG, BEVERLY  
Address: 7407 LILLIE AVE.  
City-St-Zip: PENSACOLA, FL 32526

Title: D      ( ) Delete  
Name: SOMMERS, KATHERINE B  
Address: 3560 CORTEZ DRIVE  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH A. DEBOLT

ST

05/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date