# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 03, 2008**
**Secretary of State**

DOCUMENT# 701572

**Entity Name:** T.T. WENTWORTH, JR. HISTORICAL FOUNDATION, INC.

**Current Principal Place of Business:**

8380 N PALAFOX HWY
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

120 CHURCH STREET
PENSACOLA, FL 32502 US

**Current Mailing Address:**

8380 N. PALAFOX HWY
PENSACOLA, FL 32534 US

**New Mailing Address:**

120 CHURCH STREET
PENSACOLA, FL 32502 US

**FEI Number: 59-6152455** **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:**

WENTWORTH, HELEN J
8380 N PALAFOX HWY
PENSACOLA, FL 32534 US

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

ROBERTSON, LYNNE MS.
120 CHURCH STREET
PENSACOLA, FL 32502 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: LYNNE ROBERTSON 11/03/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: YANCEY, SHARON
Address: 5049 RIVERHILL ROAD
City-St-Zip: MARIETTA, GA

Title: VD ( ) Delete
Name: WENTWORTH, BENJAMIN
Address: 3958 CALLE DE SANTOS
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD ( ) Delete
Name: ROBERTSON, LYNNE MS.
Address: 120 CHURCH STREET
City-St-Zip: PENSACOLA, FL 32502

Title: TD ( ) Delete
Name: REESE, BRENDA MRS.
Address: 120 CHURCH STREET
City-St-Zip: PENSACOLA, FL 32502

Title: TD (X) Delete
Name: WENTWORTH, HELEN J
Address: 8380 N PALAFOX HWY
City-St-Zip: PENSACOLA, FL

Title: DE ( ) Delete
Name: BELOUS, BEATRICE
Address: 6372 ANTIETAM DR.
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: SHARON YANCEY PD 11/03/2008
Electronic Signature of Signing Officer or Director Date