FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706858 (8)

1. Corporation Name
PENSACOLA HERITAGE FOUNDATION INC

Principal Place of Business	Mailing Address
410 SOUTH FLORIDA BLANCA PO BOX 12424 PENSACOLA FL 32592	410 SOUTH FLORIDA BLANCA PO BOX 12424 PENSACOLA FL 32592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1964
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-6159380 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WALLACE, DOROTHY K.
410 SO. FLORIDA BLANCA ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dorothy K. Wallace Dorothy K. Wallace, Executive Director 3/9/95
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	~~VPD~~	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~CARTER, BO,~~	1.2 NAME	Bob Kievit	
STREET ADDRESS	~~2000 CAWDOR COURT~~	1.3 STREET ADDRESS	15 W. Main Street	
CITY-ST-ZIP	~~PENSACOLA FL 32503~~	1.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	~~SD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~HAYES, DOLORES DE LA RUA~~	2.2 NAME	Tish Childs	
STREET ADDRESS	~~3039 KEATS DRIVE~~	2.3 STREET ADDRESS	400 West Mallory	
CITY-ST-ZIP	~~PENSACOLA, FL 32504 32503~~	2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUFFMASTER, JIM	3.2 NAME		
STREET ADDRESS	417 E. INTENDENCIA	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	STAPLETON, CAROLYN ,	4.2 NAME		
STREET ADDRESS	4635 AVONIDA MARNIA	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James A. Huffmaster James A. Huffmaster, President 3/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0078043