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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 706858 (8)

1. Corporation Name

PENSACOLA HERITAGE FOUNDATION INC

Principal Place of Business

410 SOUTH FLORIDA BLANCA  
PO BOX 12424  
PENSACOLA FL 32582

Mailing Address

410 SOUTH FLORIDA BLANCA  
PO BOX 12424  
PENSACOLA FL 32582-2424

3. Date Incorporated or Qualified  
02/20/1964

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 ~~BOB~~ ☒ DELETE  
NAME ~~KUENET, BOB~~  
STREET ADDRESS ~~15 W. MAIN STREET~~  
CITY-ST-ZIP ~~PENSACOLA FL~~

1.1 TITLE VPD ☐ Change ☒ Addition  
1.2 NAME Joy Leader  
1.3 STREET ADDRESS 5640 Tarpon Court  
1.4 CITY-ST-ZIP Milton, FL 32583

TITLE SD ☐ DELETE  
NAME CHILDS, TISH  
STREET ADDRESS 400 WEST MALLORY  
CITY-ST-ZIP PENSACOLA, FL 32504

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

TITLE ~~PD~~ ☒ DELETE  
NAME ~~HUFFMASTER, JIM~~  
STREET ADDRESS ~~417 E. INTENDENCIA~~  
CITY-ST-ZIP ~~PENSACOLA FL 32501~~

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Carolyn Stapleton  
3.3 STREET ADDRESS 4685 Avenida Marina  
3.4 CITY-ST-ZIP Pensacola, FL 32504

TITLE VPD ☐ DELETE  
NAME SEEGER, BETTY  
STREET ADDRESS 1050 GERHARDT DR  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME PD  
4.3 STREET ADDRESS Seegers, Betty  
4.4 CITY-ST-ZIP 1050 Gerhardt Drive

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Pensacola, FL 32503 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

Betty Seeger

2/20/97 904-438-6505

CR2E037 (9/96)