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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 32582	410 SOUTH FLORIDA BLANCA PO BOX 12424 PENSACOLA FL 32582

3. Date Incorporated or Qualified

02/20/1964

4. FEI Number

59-6159380

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 *Dorothy K. Wallace* **DOROTHY K. WALLACE EXECUTIVE DIRECTOR 2/19/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VPD~~ ☐ DELETE

NAME **LEADER, JOY**
STREET ADDRESS **5640 TARPON COURT**
CITY-ST-ZIP **MILTON FL**

TITLE **SD** ☒ DELETE

NAME **CHILDS, TISH**
STREET ADDRESS **400 WEST MALLORY**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ~~VPD~~ ☐ DELETE

NAME **STAPLETON, CAROLYN**
STREET ADDRESS **4685 AVENIDA MARINA**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VPD** ☒ DELETE

NAME **SEEGER, BETTY**
STREET ADDRESS **1050 GERHARDT DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Leader, Joy**
1.3 STREET ADDRESS **5640 Tarpon Court**
1.4 CITY-ST-ZIP **Milton, FL 32583**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **Raby, John**
2.3 STREET ADDRESS **2270 Bluffs Circle**
2.4 CITY-ST-ZIP **Pensacola, FL 32503**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☐ Addition

4.2 NAME **Stapleton, Carolyn**
4.3 STREET ADDRESS **4685 Avenida Marina**
4.4 CITY-ST-ZIP **Pensacola, FL 32504**

5.1 TITLE **Kane, Tim TD** ☐ Change ☒ Addition

5.2 NAME **1823 N 9th Avenue**
5.3 STREET ADDRESS **Pensacola, FL 32504**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Signature REQUIRED

2/19/98

850-438-505

CR2E037 (10/97)