

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 18, 1999 8:00 am  
Secretary of State

08-18-1999 90005 048 \*\*\*\*61.25

DOCUMENT # 706858

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6159380	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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 KIEVIT, KELLY ODOM, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 15 WEST MAIN ST.  
83  
84 City PENSACOLA FL 85 Zip Code 32501

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 Robert M. Odom PRESIDENT, KIEVIT, KELLY ODOM, P.A. DATE 8/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEADER, JOY	
STREET ADDRESS	5640 TARPON COURT	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RADY, JOHN	
STREET ADDRESS	2270 BLUFFS CIR	
CITY-ST-ZIP	PENSACOLA, FL 32504 32503	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANE, TIM	
STREET ADDRESS	1823 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAPLETON, CAROLYN	
STREET ADDRESS	4685 AVENIDA MARINA	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	JUDY TICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3740 BARNWELL CIRCLE
5.4 CITY-ST-ZIP	PENSACOLA, FL 32503 SD
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8-9-99 850-4342374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)