

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706858

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: PENSACOLA HERITAGE FOUNDATION INC

## Current Principal Place of Business:

410 SOUTH FLORIDA BLANCA  
PENSACOLA, FL 32501

## New Principal Place of Business:

125 SOUTH ALCANIZ  
SUITE 3  
PENSACOLA, FL 32501

## Current Mailing Address:

PO BOX 12424  
PENSACOLA, FL 32591

## New Mailing Address:

FEI Number: 59-6159380      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIEVIT, KELLY & ODOM, P.A.  
15 WEST MAIN ST  
PENSACOLA, FL 32501      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: HARRELL, BILL  
Address: 2246 OXFORD PLACE  
City-St-Zip: PENSACOLA, FL 32503

Title: VPD      ( ) Delete  
Name: KRISS, CLAUDINE  
Address: 4311 BAYOU BLVD., #M130  
City-St-Zip: PENSACOLA, FL 32503

Title: SD      ( ) Delete  
Name: TODD, JUDY  
Address: 3260 BRAXTON CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

Title: TD      ( ) Delete  
Name: KENAN, DAN  
Address: 4025 MARJEAN COURT  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: KRISS, CLAUDINE  
Address: 4311 BAYOU BLVD., #M130  
City-St-Zip: PENSACOLA, FL 32503

Title: VPD      (X) Change ( ) Addition  
Name: PAGE, VIRGINIA  
Address: 307 N.W. SYRCLE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

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 for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA PAGE

VPD

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date