

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706858

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: PENSACOLA HERITAGE FOUNDATION INC

**Current Principal Place of Business:**

221 EAST GARDEN STREET  
SUITE 8W  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**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:**

ADKINS, DEBORAH L MRS.  
221 EAST GARDEN STREET  
SUITE 8W  
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: KENAN, DAN  
Address: 4025 MARJEAN COURT  
City-St-Zip: PENSACOLA, FL 32504

Title: VPD ( ) Delete  
Name: KRAKOWSKI, PATTIE  
Address: 510 WEST BLOUNT STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete  
Name: KANE, TIM  
Address: 1823 NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: TD ( ) Delete  
Name: KANE, TIM  
Address: 1823 NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: NICHOLSON, SUE  
Address: 3200 FAIRMONT  
City-St-Zip: PENSACOLA, FL 32505

Title: SD (X) Change ( ) Addition  
Name: MITCHELL, EMILY  
Address: 1008 HARBOURVIEW CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: TD (X) Change ( ) Addition  
Name: KANE, TIM  
Address: 1201 NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBORAH L. ADKINS

ED

02/28/2008

Electronic Signature of Signing Officer or Director

Date