2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706858

FILED Mar 19, 2009 Secretary of State

Entity Name: PENSACOLA HERITAGE FOUNDATION INC

Current Principal Place of Business: New Principal Place of Business:

221 EAST GARDEN STREET 224 EAST GARDEN STREET

SUITE 5B

PENSACOLA, FL 32501 PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

PO BOX 12424

PENSACOLA, FL 32591

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADKINS, DEBORAH L MRS.

221 EAST GARDEN STREET

SUITE 8W

PENSACOLA, FL 32501 US

ADKINS, DEBORAH L MRS.

224 EAST GARDEN STREET

SUITE 5B

PENSACOLA, FL 32502 US

1 2110/1002/1,1 2 02007 00

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: 03/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: KENAN, DAN Name: NICHOLSON, SUE

 Name:
 KENAN, DAN
 Name:
 NICHOLSON, SUE

 Address:
 4025 MARJEAN COURT
 Address:
 3200 FAIRMONT

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32505

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: NICHOLSON, SUE Name: HALL, RON

 Address:
 3200 FAIRMONT
 Address:
 6161 SAUFLEY PINES ROAD

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 PENSACOLA, FL 32526

Title: SD () Delete Title: SD (X) Change () Addition

Name:MITCHELL, EMILYName:ANDREWS, JOANNEAddress:1008 HARBOURVIEW CIRCLEAddress:3551 BEACH HAVEN COVE DR.

City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete Title: TD (X) Change () Addition

Name: KANE. TIM Name: KANE. TIM

 Address:
 1201 NORTH 9TH AVENUE
 Address:
 1201 NORTH 9TH AVENUE

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32501

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: DEBBIE ADKINS EDIR 03/19/2009