

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90166 025 ****61.25



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # 706858

1. Entity 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
**410 South Florida
Suite, Apt. #, etc. Blanca**

3. Mailing Address
**P.O. Box 12424
Suite, Apt. #, etc.**

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32501

Country

Zip
32591

Country

4. FEI Number **59-6159380**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dennis Adams, Office Manager* DATE *1-9-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | REEDER, WES | |
| STREET ADDRESS | 103 BEACH DRIVE | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | REEDER, WES | |
| STREET ADDRESS | 105 BEACH DR | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TANCK, JIM | |
| STREET ADDRESS | 214 MIRABELLE CIRCLE | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | KANE, TIM | |
| STREET ADDRESS | 1823 N 9TH AVE W | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | COLE, MARSHA | |
| STREET ADDRESS | 601 PORT ROYAL WAY | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tim Kane | |
| STREET ADDRESS | 1823 N. 9th Ave., W | |
| CITY-ST-ZIP | Pensacola, FL 32504 | |
| TITLE | V.P.D. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bill Harrell | |
| STREET ADDRESS | 2246 Oxford Place | |
| CITY-ST-ZIP | Pensacola, FL 32503 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Same | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dan Kenan | |
| STREET ADDRESS | 4025 Mary Jean Court | |
| CITY-ST-ZIP | Pensacola, FL 32504 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis Adams* SECRETARY REQUIRED *Secretary*

CR2E037 (10/02)