

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Mar 06 1996 8:00 am  
Secretary of State

**DOCUMENT # 714684 (8)**

1. Corporation Name  
**HISTORIC PENSACOLA, INC.**



Principal Place of Business: **120 EAST CHURCH STREET PENSACOLA FL 32501**  
Mailing Address: **120 EAST CHURCH STREET PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **05/29/1968**  
3a. Date of Last Report: **02/13/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>23-7009319</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DANIELS, JOHN P.  
120 E CHURCH ST  
PENSACOLA FL 32501**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWDEN, J EARLE</b>	1.2 NAME	
STREET ADDRESS	<b>1 NEW-JOURNAL PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, KAREN</b>	2.2 NAME	<b>Secretary-Treasurer</b>
STREET ADDRESS	<b>304 WEST GADSDEN STREET</b>	2.3 STREET ADDRESS	<b>BROWN, KAREN</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>304 WEST GADSDEN STREET</b>
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENTZ, LUCY</b>	3.2 NAME	
STREET ADDRESS	<b>4795 VELASQUEZ PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARX, MORRIS L DR.</b>	4.2 NAME	
STREET ADDRESS	<b>2620 DUNSINANE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCWILLIAMS, LINDA S</b>	5.2 NAME	<b>HALFORD, DOUG</b>
STREET ADDRESS	<b>25 W CEDAR ST</b>	5.3 STREET ADDRESS	<b>421 NORTH PALAFOX STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>
TITLE	DST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOYD, CHARLES F DR</b>	6.2 NAME	<b>QUINA, CARTER</b>
STREET ADDRESS	<b>215 W GARDEN ST</b>	6.3 STREET ADDRESS	<b>400 WEST ROMANA STREET</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	6.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *[Signature]* **FEB. 14, 1996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)