

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714684 (8)**  
1. Corporation Name  
**HISTORIC PENSACOLA, INC.**



Principal Place of Business <b>120 EAST CHURCH STREET PENSACOLA FL 32501</b>	Mailing Address <b>120 EAST CHURCH STREET PENSACOLA FL 32501</b>
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3. Date Incorporated or Qualified <b>05/29/1968</b>		
4. FEI Number <b>23-7009319</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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

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

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

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>BOWDEN, J EARLE</b>	
STREET ADDRESS	<b>1 NEW-JOURNAL PLAZA</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>BROWN, KAREN</b>	
STREET ADDRESS	<b>304 WEST GADSDEN STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>RENTZ, LUCY</b>	
STREET ADDRESS	<b>4795 VELASQUEZ PLACE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MARX, MORRIS L DR.</b>	
STREET ADDRESS	<b>2620 DUNSINANE ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CURRIN, B.M. DR.</b>	
STREET ADDRESS	<b>18 WEST WRIGHT STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>QUINA, CARTER</b>	
STREET ADDRESS	<b>400 WEST ROMANA STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BOWDEN, J EARLE</b>	
1.3 STREET ADDRESS	<b>2220 MCCUTCHEN PL</b>	
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GENEVA WATSON</b>	
2.3 STREET ADDRESS	<b>7754 UNTREINER ST</b>	
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32534</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98 850-435-8510  
Date Daytime Phone #

CR2E037 (10/97)