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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714684

1. Corporation Name
HISTORIC PENSACOLA, INC.

125527 - 90037 - 9

Principal Place of Business
 120 EAST CHURCH STREET
 PENSACOLA FL 32501

Mailing Address
 120 EAST CHURCH STREET
 PENSACOLA FL 32501



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 330 South Jefferson St.		26 Post Office Box 12866		05/29/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7009319	
City & State		City & State		Applied For	
23 Pensacola, Florida		28 Pensacola, Florida		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24 32501 25 Escambia		29 32576-2866 30 Escambia		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
DANIELS, JOHN P. 120 E CHURCH ST PENSACOLA FL 32501				5.00 May Be Added to Fees	

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 John P. Daniels			
				82 Street Address (P.O. Box Number is Not Acceptable) 330 South Jefferson Street			
				83			
				84 City Pensacola, FL 85 Zip Code 32501			

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWDEN, J EARLE		1.2 NAME	Menge, J.J.	
STREET ADDRESS	2220 MCCUTCHEN PL		1.3 STREET ADDRESS	4080 Dunwoody Drive	
CITY-ST-ZIP	PENSACOLA, FL 00000 32503		1.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	DST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KAREN		2.2 NAME		
STREET ADDRESS	304 WEST GADSDEN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENTZ, LUCY		3.2 NAME		
STREET ADDRESS	4795 VELASQUEZ PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, MORRIS L DR.		4.2 NAME		
STREET ADDRESS	2620 DUNSINANE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIN, B.M. DR.		5.2 NAME		
STREET ADDRESS	18 WEST WRIGHT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINA, CARTER		6.2 NAME		
STREET ADDRESS	400 WEST ROMANA STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		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, with all other like empowered.

SIGNATURE: *Lucy Rentz* SIGNATURE: LUCY RENTZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 1/25/99 850-595-5985 Ext 10
 Date DayTime Phone #

CR2E037 (1/198)