


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714684**  
 1. Entity Name  
 WEST FLORIDA HISTORIC PRESERVATION, INC.



Principal Place of Business  
 120 EAST CHURCH STREET  
 PENSACOLA, FL 32501

Mailing Address  
 P O BOX 12866  
 PENSACOLA, FL 32576

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 23-7009319

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DANIELS, JOHN P  
 120 E CHURCH ST  
 PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

U00000057836  
 02/20/04-80005-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOWDEN, J EARLE 2220 MCCUTCHEN PL PENSACOLA, FL 00000, 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARX, MORRIS DR 40 S ALCANIZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RENTZ, LUCY 4795 VELASQUEZ PLACE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGHORNE, PATSY 42 STAR LAKE DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIN, B.M. DR. 18 WEST WRIGHT STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINA, CARTER 400 WEST ROMANA STREET PENSACOLA, FL

**DO NOT WRITE IN THIS SPACE**

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:**  **2-16-04** **850-595-5985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #