


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 714684 1. Entity Name WEST FLORIDA HISTORIC PRESERVATION, INC.	
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Principal Place of Business 120 EAST CHURCH STREET PENSACOLA, FL 32501	Mailing Address P O BOX 12866 PENSACOLA, FL 32576
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7008319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROSNAHAM, RICHARD 120 E CHURCH ST PENSACOLA, FL 32501

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000584390 01/12/07-80036-004 61.25
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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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Jan 9, 2007 Daytime Phone # _____