


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.



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



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 23-7008319

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000584390
 01/12/07-80036-004 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

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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: _____ **DATE:** Jan 9, 2007 **DAYTIME PHONE #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR