


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 714684</b> 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**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7009319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  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, 2008**

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

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

000000801571  
02/01/08-80024-001 61.25

**DO NOT WRITE IN THIS SPACE**

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:**  **Jan. 23, 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #