

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714684

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** WEST FLORIDA HISTORIC PRESERVATION, INC.

**Current Principal Place of Business:**

120 EAST CHURCH STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12866  
PENSACOLA, FL 32576

**New Mailing Address:**

FEI Number: 23-7009319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROSNAHAM, RICHARD  
120 E CHURCH ST  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: BOWDEN, J. EARLE  
Address: 2220 MCCUTCHEN PLACE  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: MARX, MORRIS DR  
Address: 40 S ALCANIZ ST  
City-St-Zip: PENSACOLA, FL 32501

Title: DV  
Name: RENTZ, LUCY  
Address: 4795 VELASQUEZ PLACE  
City-St-Zip: PENSACOLA, FL

Title: D  
Name: LANGHORNE, PATSY  
Address: 42 STAR LAKE DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: CURRIN, B.M. DR.  
Address: 18 WEST WRIGHT STREET  
City-St-Zip: PENSACOLA, FL

Title: D  
Name: QUINA, CARTER  
Address: 400 WEST ROMANA STREET  
City-St-Zip: PENSACOLA, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. EARLE BOWDEN

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02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date