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Mailing Address

PENSACOLA FL 32594-0943

P.O. BOX 943

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

14 PALAFOX PLACE

14. I do hereby

SIGNATURE: Chin Trion Don'd Withen

PENSAGOLA FL 32501



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1997 8:00am

Secretary of State

904 434.0268

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000002514 (8) DOCUMENT #
1. Corporation Name

14 SOUTH PALAFOX PLACE, INC.

3a. Date of Last Report 03/18/1996 3. Date Incorporated or Qualified 11/13/1992 2. Principal Place of Business Number 2a. Mailing Address Applied For 59-3156757 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country $Z_{1}p$ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHLENKER, PATRICK 82 Street Address (P.O. Box Number is Not Acceptable) SACRED HEART HOSPITAL 83 5151 N. 9TH AVE. PENSACOLA FL 32504 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE THLE Purser. Doris J NAME 1.2 NAME 14 PALAFOC PLACE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HENDRIX, ARNOLD NAME 2.2 NAME 302 MARY ESTHER BLVD STREET ADDRESS 2.3 STREET ADDRESS MARY ESTHER FL CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME MAYGARDEN, L A 3.2 NAME 1241 TAMARA DR STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32504 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE SCHLENKER, PATRICK NAME 4. 2 NAME 5151 N. 9TH AVE. STREET ADDRESS 4.3 STREET ADORESS PENSACOLA FL 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE BEARD, BEN W 5.2 NAME NAME 3740 MCCLELLAN RD STREET ADDRESS 5.3 STREET ADDRESS PENSACOLA FL 32503 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE Addition Change TITLE 6.1 TITLE ALLEGRETTI, MARY 6.2 NAME NAME 160 GOVERNMENT STREET STREET ADDRESS 6.3 STREET ADDRESS PENSACOLA FL 32505 6.4 CITY-ST-ZIP DiTY-S1-7IP I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.