NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500001492

1. Corporation Name

PENSACOLA MARITIME PRESERVATION SOCIETY, INC.

Principal Place of Business

Mailing Address

1600 NORTH PALAFOX STREET PENSACOLA FL 32501

1600 NORTH PALAFOX STREET PENSACOLA FL 32501

## **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90251 038 \*\*\*\*61.25

						1				
2. Principal P	Principal Place of Business Za. Mailing Address					3. Date Incorporated or Qualifed				
21		26				03/23/1995			·	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Apr	lied For	
22		27				59-3319933		Not	Applicable	
City & Stat	e	City & State				5. Certificate of Status Desired		\$8.75 A		
23	Country	Zip	Cou	ntry		6 Flection Compaign Financing		\$5.00	How Po	
Zip		29	30	,,,,		6. Election Campaign Financing Trust Fund Contribution		Added to	•	
24	9. Name and Address of Currer		30			10. Name and Address of New 1	Registered			
	o. Name and Addies of Curro.	it togistored / igont		81	Name					
CALLASMA	IV MADV IA					(0.0. S	able)			
CALLAWAY, MARY M				Street Address (P.O. Box Number is Not Acceptable)						
1600 NORTH PALAFOX STREET PENSACOLA FL 32501				83						
PENSACC	DLA FL 32301									
				84	City		FL	85 Zip C	ode	
44 5	to the provisions of Sections 617.050	12 and 617 1509 Florida S	tatutos the ai	2019-1	named como	ration submits this statement for the	numose of	changing its	registered	
office or r	registered agent, of both, in the State	of Florida. Such change w	as aumonzed	i Dy air	e corporatio	n's board of directors. I hereby acce	pt the appoi	ntment as rec	istered	
agent. I a	im familiar with, and accept the obliga	ations of, Section 617.0503	, Florida Stati	ıtes.		•				
SIGNATURE							DATE			
	Signature, typed or printed name of registered age		NOTE: Registered	Agent s	ignature required	(when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
12.	PD OFFICERS AF	ND DIRECTORS				ADDITIONO/OTHATOLE TO G.	· IOLITO	Change	Addition	
TITLE				-	Ì				_	
NAME	BROWN, WARREN T		1.2 N/							
STREET ADDRESS			1		DORESS					
CITY-ST-ZIP	PENSACOLA FL 32507	O per cr		TY-ST-2	ZiP			Change	☐ Addition	
TITLE	D	☐ DELET	4					onenge		
NAME	MCMAHON, DONALD III		2.2 N				-			
STREET ADDRESS	4400 BAYOU BOULEVARD				DDRESS					
CITY- ST- ZIP	PENSACOLA FL 32503			TY-ST-	ZIP			Change	Addition	
TITLE	D	☐ DELET			}			□ Ciranão	L. Addison	
NAME	SOULE, JOHN		3.2 N/		Ī					
STREET ADDRESS		RD	3.3 ST	REETA	DDRESS )					
CATY-ST-ZIP	PENSACOLA FL 32505			TY-\$T-	ZIP	<u></u>			- Addition	
TITLE		☐ DELET	E 4.1 TT	rle	}	•		☐ Change	☐ Addition	
NAME			4. 2 N	AME						
STREET ADDRESS	.[		4.3 S1	REETA	DDRESS					
CITY-ST-ZIP				TY-ST-2	ZIP				C	
TṛŢLE		☐ DELET						Change	Addition	
NAME			5.2 N	ME	-	•				
STREET ADDRESS			5.3 S	REETA	DORESS		•			
CITY-ST-ZIP				TY-ST-2	ZIP					
TITLE		☐ DELET	E 6.1 T	TLE				Change	Additio	
NAME	1		6.2 N	WE						
STREET ADDRESS	, ,		6.3 S	REET A	DDRESS			÷		
J., (LL. / NOD. (LOC				T/ CT :	<sub>3/6</sub>					

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURINE PEQUIRE
GNATURE AND IT PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR