


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003279	
1. Entity Name PENSACOLA NUMISMATIC SOCIETY, INC.	

Principal Place of Business MYRTLE GROVE BAPTIST CHURCH LILLIAN HWY PENSACOLA, FL 32506	Mailing Address PO BOX 3031 PENSACOLA, FL 32516
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3335133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBLEETH, ARNOLD 470 HWY 29 SOUTH CANTONMENT, FL 32533	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUTT, ARTHUR 9654 QUAIL HOLLOW BLVD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANE, EDWARD J 555 SELINA ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBLEETH, ARNOLD 470 HIGHWAY 29 SOUTH CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'QUINN, PATRICK 628 WOODBINE DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRER, R.D. 208 EDISON DR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALGRED, DAN 8151 ACKERMAN DR PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

U00000341216
04/29/05-80006-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Edward J. Lane</i> <i>Edward J. Lane Treasurer</i> <i>4-26-05</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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