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Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006331 (0)**

1. Corporation Name

**PENSACOLA HISTORIC DISTRICT PROPERTY OWNERS, INC**



Principal Place of Business <b>226 EAST INTENDENCIA STREET PENSACOLA FL 32501-6023</b>	Mailing Address <b>226 EAST INTENDENCIA STREET PENSACOLA FL 32501-6023</b>
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3. Date Incorporated or Qualified

**12/12/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Same**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAUGHTRY, DAVID H  
226 EAST INTENDENCIA STREET  
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAUGHTRY, DAVE</b>	
STREET ADDRESS	<b>226 EAST INTENDENCIA STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501-6023</b>	
TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROADWAY, DAN</b>	
STREET ADDRESS	<b>412 BAYFRONT PARKWAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>ST D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTER, SUSAN</b>	
STREET ADDRESS	<b>817 EAST INTENDENCIA STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501-6023</b>	
TITLE	<b>QUIGLEY, BOB</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUIGLEY, BOB</b>	
STREET ADDRESS	<b>813 EAST INTENDENCIA STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501-6023</b>	
TITLE	<b>FLEMING, SHERRI</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLEMING, SHERRI</b>	
STREET ADDRESS	<b>115 CALLE DE SANTIAGO</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>NEWYON, CONNIE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEWYON, CONNIE</b>	
STREET ADDRESS	<b>213 SOUTH ALCANIZ STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Daughtry, Dave</b>	
1.3 STREET ADDRESS	<b>226 East Intendencia St.</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, Fl 32501</b>	
2.1 TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Fleming, Sherri</b>	
2.3 STREET ADDRESS	<b>115 Calle de Santiago</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, Fl 32501</b>	
3.1 TITLE	<b>ST D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Secretary-Treasurer</b>	
3.3 STREET ADDRESS	<b>Newton, Connie</b>	
3.4 CITY-ST-ZIP	<b>213 South Alcaniz Street</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Parliamentarian</b>	
4.3 STREET ADDRESS	<b>Buss, Mike</b>	
4.4 CITY-ST-ZIP	<b>223 South Raleigh Place</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this form 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 holder of a stock 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 any attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

6-4-98 450 435-0011

CR2E037 (10/97)