

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90144 024 ****61.25

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DOCUMENT # N96000006331

1. Corporation Name

PENSACOLA HISTORIC DISTRICT PROPERTY OWNERS, INC

Principal Place of Business

226 EAST INTENDENCIA STREET
PENSACOLA FL 32501-6023

Mailing Address

226 EAST INTENDENCIA STREET
PENSACOLA FL 32501-6023



2. Principal Place of Business

21 522 E. GOVERNMENT

Suite, Apt. #, etc.

22 #4

23 PENSACOLA, FL

Zip

24 32501

Country

25 USA

2a. Mailing Address

26 522 E. GOVERNMENT ST.

Suite, Apt. #, etc.

27 #4

28 PENSACOLA, FL

Zip

29 32501

Country

30 USA

3. Date Incorporated or Qualified

12/12/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAUGHTRY, DAVID H
226 EAST INTENDENCIA STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name JANICE HITT

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

522 E. GOVERNMENT ST

83 #4

84 City PENSACOLA

FL

85 Zip Code 32501

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

Janice Hitt

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME DAUGHTRY, DAVE
STREET ADDRESS 226 EAST INTENDENCIA STREET
CITY-ST-ZIP PENSACOLA FL 32501-6023

TITLE P ☒ DELETE

NAME BASS, MIKE
STREET ADDRESS 223 S PALATON PL
CITY-ST-ZIP PENSACOLA FL 32501

TITLE STD ☒ DELETE

NAME FLEMING, SHERRI
STREET ADDRESS 115 CALLE DE SANTIAGO
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DKT ☐ DELETE

NAME NEWTON, CONNIE
STREET ADDRESS 213 SOUTH ALCANIZ STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ DELETE

NAME DENISE DAUGHTRY
STREET ADDRESS 226 E. INTENDENCIA ST.
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE V ☐ DELETE

NAME PETE BAUCUM
STREET ADDRESS 336 E. INTENDENCIA ST.
CITY-ST-ZIP PENSACOLA, FL 32501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME JANICE HITT
1.3 STREET ADDRESS 522 E. GOVERNMENT ST. #4
1.4 CITY-ST-ZIP PENSACOLA, FL 32501

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/24/99

850-432-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)