


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000006331	
1. Entity Name PENSACOLA HISTORIC DISTRICT PROPERTY OWNERS, INC.	

Principal Place of Business 324 E INTENDENCIA ST PENSACOLA, FL 32502	Mailing Address 324 E INTENDENCIA ST PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



04302005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent  HITT, JANICE 324 E INTENDENCIA ST PENSACOLA, FL 32502
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IN THIS SPACE

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	D HITT, JANICE 324 E INTENDENCIA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, JACQILYN 121 CALLE DE SANTIAGO PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTLER, SUSAN 317 INTENDNCIA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUCUM, PETE 326 E INTENDENCIA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

U00000358352  
05/04/05-80112-004 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: 	4/30/05 850-430-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #