

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706858

Entity Name: PENSACOLA HERITAGE FOUNDATION INC**Current Principal Place of Business:**1201 N 9TH AVENUE
PENSACOLA, FL 32501**Current Mailing Address:**PO BOX 12424
PENSACOLA, FL 32501 US**FEI Number:** 59-6159380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, REESE
1500 MCKENZIE ROAD
CANTONMENT, FL 32533 US*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.***SIGNATURE:** REESE WILLIAMS

06/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name WILLIAMS, REESE
Address 1500 MCKENZIE ROAD
City-State-Zip: CANTONMENT FL 32533

Title TREASURER
Name ADKINS, DEBBIE
Address 2227 EAST OLIVE ROAD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name GREEN, JIM
Address 393 BAY CLIFF CIRCLE
City-State-Zip: GULF BREEZE FL 32561

Title VP
Name SENKARIK, SUSAN
Address 208 SOUTH FLORIDA BLANCA
City-State-Zip: PENSACOLA FL 32502

Title SECRETARY
Name HARRELL, THERESA
Address 2246 OXFORD PLACE
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name HENDRY, TED
Address 1000 FARMINGTON ROAD
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name PENFOLD, ROCK
Address 2160 OXFORD DRIVE
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name BRUPBACHER, ALICE
Address 1414 PICKENS AVENUE
City-State-Zip: PENSACOLA FL 32503

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REESE WILLIAMS**PRESIDENT**

06/04/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRAWFORD, PAT
Address	2780 SEMORAN CIRCLE
City-State-Zip:	PENSACOLA FL 32503