

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714684

Entity Name: WEST FLORIDA HISTORIC PRESERVATION, INC.

Current Principal Place of Business:

120 EAST CHURCH STREET
PENSACOLA, FL 32502

Current Mailing Address:

P O BOX 12866
PENSACOLA, FL 32591 US

FEI Number: 23-7009319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OVERTON, ROBERT JR.
120 E CHURCH ST
PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name MERRILL, J. COLLIER
Address POST OFFICE BOX 710
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, TREASURER
Name SWITZER, CHARLIE
Address 407 NAVY COVE BOULEVARD
City-State-Zip: GULF BREEZE FL 32561-4023

Title DIRECTOR, VP
Name BARROW, SCOTT
Address 70 N. BAYLEN STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name LEWIS, SUZANNE
Address 2020 E. BOBE STREET
City-State-Zip: PENSACOLA FL 32503-5423

Title DIRECTOR
Name LUTTRELL, DAVID C.
Address 40 S. PALAFOX PLACE
 SUITE 201
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name SAUNDERS, MARTHA DR.
Address 11000 UNIVERSITY PARKWAY
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name SCOTT-IRETON, DELLA DR.
Address 11000 UNIVERSITY PARKWAY
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR, SECRETARY
Name TISDALE, EDWARD
Address 215 W. JACKSON STREET
City-State-Zip: PENSACOLA FL 32501

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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: J. COLLIER MERRILL

CHAIRMAN

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEVIN, TERI
Address POST OFFICE BOX 1231
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name HEANEY, CHRIS
Address 17 W. LA RUA STREET
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR
Name MONTOYA, KYANNA MAI
Address P O BOX 12866
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name EPPS, LORNETTA
Address 5912 CREEK SIDE CIRCLE
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name ELLENBERG, GEORGE
Address P O BOX 12866
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name FOOLADI, AMIR MICHAEL
Address P O BOX 12866
City-State-Zip: PENSACOLA FL 32591