

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714684

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC4173201698**

**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  
Name BAILEY, NORA  
Address 500 E. ROMANA STREET  
City-State-Zip: PENSACOLA FL 32502

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

Title DIRECTOR, SECRETARY  
Name MITCHELL-COOK, AMY DR.  
Address 11000 UNIVERSITY PARKWAY  
BLDG. 50 ROOM 113  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name PEACOCK, JOHN  
Address 200 S. TARRAGONA STREET  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name SCHWARTZ, PAM  
Address 1125 N. SPRING STREET  
City-State-Zip: PENSACOLA FL 32501

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

Title DIRECTOR  
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

**Continues on page 2**

*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:** NORA BAILEY

**DIRECTOR**

**03/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SCOTT-IRETON, DELLA DR.  
Address 207 E. MAIN STREET  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name HERNANDEZ, YASMIN  
Address 11000 UNIVERSITY PARKWAY  
BUILDING 22, ROOM 227  
City-State-Zip: PENSACOLA FL 32514

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

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