

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11507

Entity Name: PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC. C/O APRIL HOLMES
551 CHADWICK STREET
PENSACOLA, FL 32503

Current Mailing Address:

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.
P.O. BOX 13251
PENSACOLA, FL 32591 US

FEI Number: 59-2589762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WRIGHT, BARBARA PRES
333 SILVER RD.
PENSACOLA, FL 32503 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 TREASURER
Name HOLMES, APRIL
Address 551 CHADWICK STREET
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name BENCHLEY, ELIZABETH D
Address 2910 MAGNOLIA AVE
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT
Name WRIGHT, BARBARA
Address 333 SILVER RD.
City-State-Zip: PENSACOLA FL 32503

Title VP
Name LEROY, JOHN R
Address 10100 HILLVIRE DR
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name DADIEGO, DANIELLE
Address 720 LAMBERT ST
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name CARRUTH, WARREN
Address 3760 SUMMER DR.
City-State-Zip: PENSACOLA FL 32504

Title SECRETARY
Name RAY, TARA
Address 3103 SOUTHFORK DR
City-State-Zip: MILTON FL 32571

Title OFFICER
Name LLOYD, JAN
Address 609 N. 72ND AVE.
City-State-Zip: PENSACOLA FL 32506-4409

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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: APRIL HOLMES

TREASURER

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CORRESPONDING SECRETARY
Name LEROY, GAIL
Address 10100 HILLVIRE DR #
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name ROBINSON, TOM
Address 1018 WOODLORE CIR
City-State-Zip: GULF BREEZE FL 32563