

**2025 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 WILLIAM WILSON  
6360 BEAUCLAIR DR.  
PENSACOLA, FL 32504

**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           WILSON, WILLIAM  
Address       6360 BEAUCLAIR DR.  
City-State-Zip: PENSACOLA FL 32504

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           SANDERS, JESSIE  
Address       4972 PINEVIEW RIDGE RD.  
City-State-Zip: PACE FL 32571

Title           DIRECTOR  
Name           MINKOFF, MARY  
Address       207 E MAIN ST.  
City-State-Zip: PENSACOLA FL 32502

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

Title           CORRESPONDING SECRETARY  
Name           ROLLINS, JENNIFER  
Address       8160 37TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

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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:** WILLIAM WILSON

TREASURER

04/18/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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