

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11507

**Entity Name:** PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
207 EAST MAIN ST.  
PENSACOLA, FL 32502**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	T
Name	WALKER, ADRIANNE
Address	3241 BAYVIEW WAY
City-State-Zip:	PENSACOLA FL 32503

Title	RS
Name	HOLMES, APRIL
Address	551 CHADWICK STREET
City-State-Zip:	PENSACOLA FL 32503

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

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

Title	VP
Name	LEROY, JOHN R
Address	5331 POWRIE DRIVE
City-State-Zip:	PENSACOLA FL 32504

Title	CS
Name	HARDING, GREGG
Address	222 WEST MAIN STREET
City-State-Zip:	PENSACOLA FL 32502

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:** ADRIANNE WALKER**TREASURER****06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date