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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711425 (9)

1. Corporation Name

GREATER PENSACOLA CHAPTER #364 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

992 BROAD ST.  
PENSACOLA FL 32534

Mailing Address

992 BROAD ST.  
PENSACOLA FL 32534-4207

3. Date Incorporated or Qualified  
09/01/1966

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 9852 HILLVIEW RD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 166  
Suite, Apt. #, etc.

4. FEI Number  
59-6181592

Applied For  
Not Applicable

22 PENSACOLA FLORIDA  
City & State

27  
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 32591  
Zip

Country

28  
Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINDSOR, EVA M  
P.O. BOX 166  
9852 HILLVIEW DRIVE  
PENSACOLA FL 32591

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: EVA M WINDSOR  
Signature, typed or printed name of registered agent and title if applicable

01-16-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME WINDSOR, EVA M  
STREET ADDRESS P.O. BOX 166 N/A  
CITY-ST-ZIP PENSACOLA FL 32591

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME ELLIOTT, ETHEL W.  
STREET ADDRESS 1922 E. FISHER ST.  
CITY-ST-ZIP PENSACOLA FL 32503

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WRIGHT, CLAIRE  
STREET ADDRESS 7804 NORTHPOINTE BLVD  
CITY-ST-ZIP PENSACOLA FL 32514

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME JONES, GEORGE  
STREET ADDRESS 5520 TRAFALGAR DR  
CITY-ST-ZIP PENSACOLA FL 32504

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LETT, ZOLA  
STREET ADDRESS 922 BROAD ST  
CITY-ST-ZIP PENSACOLA FL 32534

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME COLEMAN, IDA Y  
STREET ADDRESS 4455 CESSNOCK DR  
CITY-ST-ZIP PENSACOLA FL 32503

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVA M WINDSOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-97 476-5203  
Date Daytime Phone # 0073407

CP2E037 (9/96)