

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 042 ****61.25

DOCUMENT # 711425

1. Corporation Name

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

Principal Place of Business

1922 E FISHER ST
PENSACOLA FL 32503
US

Mailing Address

1922 E. FISHER ST
PENSACOLA FL 32503
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1966

4. FEI Number

59-6181592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ELLIOTT, ETHEL W
1922 E FISHER ST
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME MORRISSETTE, TEMPIA
STREET ADDRESS 3120 N 6TH AVE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ DELETE
NAME SWANSTON, BETTYE
STREET ADDRESS 4517 SOUTHPOINTE LANE
CITY-ST-ZIP PENSACOLA FL 32514

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS Tempia Morrisette
1.4 CITY-ST-ZIP 3120 N. 6TH AVE
PENSACOLA, FL 32503

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP.
2.3 STREET ADDRESS SARAH WINGATE
2.4 CITY-ST-ZIP 1565 CHANNING PI
PENSACOLA, FL 32534

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS ZOLA Lett
3.4 CITY-ST-ZIP 922 Broad St
PENSACOLA, FL 32534

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JUANITA CLARKE
4.3 STREET ADDRESS 8108 PRICE ST
4.4 CITY-ST-ZIP PENSACOLA, FL 32534

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Ethel Elliott
5.4 CITY-ST-ZIP 1922 E Fisher St.
PENSACOLA, FL 32503

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME CLAIRE WRIGHT
6.3 STREET ADDRESS 7804 North Pointe Blvd
6.4 CITY-ST-ZIP PENSACOLA, FL 32514

14. I 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, with all other like empowered.

SIGNATURE: Tempia Morrisette 904-433-0297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)