

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 020 ****61.25

0017081

DOCUMENT # 711425

1. Entity Name

GREATER PENSACOLA CHAPTER #364 OF AMERICAN ASSOC

Principal Place of Business

3120 N. SIXTH AVE
 PENSACOLA FL 32503

Mailing Address

3120 N. SIXTH AVE
 PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6181592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISSETTE, TEMPIA
3120 N. SIXTH AVE
PENSACOLA FL 32503

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRISSETTE, TEMPIA	
STREET ADDRESS	3120 N 6TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINIGATE, SARAH	
STREET ADDRESS	1565 CHANNING PL	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	S	<input type="checkbox"/> Delete
NAME	LETT, ZOLA	
STREET ADDRESS	922 BROAD ST	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARKE, JUANITA	
STREET ADDRESS	8108 PRICE ST	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, ETHEL	
STREET ADDRESS	1922 E FISHER ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, CLAIRE	
STREET ADDRESS	7804 NORTH POINTE BLVD	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISSETTE, TEMPIA	
STREET ADDRESS	3120 N. 6TH AVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES JONES	
STREET ADDRESS	3495 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES B. ALBURY	
STREET ADDRESS	1308 E. HATTON ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, JUANITA	
STREET ADDRESS	8101 PRICE ST	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ETHEL	
STREET ADDRESS	1922 E. FISHER ST	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CLAIRE	
STREET ADDRESS	7804 N. POINTE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32514	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tempiamorrisette

5/4/01 850-433-0297

CR2E037 (10/00)