


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 711425 1. Entity Name GREATER PENSACOLA CHAPTER #364 OF AARP, INC.	
---	---

Principal Place of Business 992 BROAD STREET PENSACOLA, FL 32534	Mailing Address 992 BROAD STREET PENSACOLA, FL 32534
--	--



07032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6181592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LETT, ZOLA R 992 BROAD STREET PENSACOLA, FL 32534

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LETT, ZOLA 992 BROAD STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORRISSETT, GENERAL 3120 N 6TH AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLACKMAN, MARY 424 RONDA ST. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLARKE, JUANITA 8108 PRICE ST. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, ETHEL 1922 E FISHER ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINGATE, SARAH 1565 CHANNING PLACE PENSACOLA, FL 32504

UD00000767742
07/10/07-80017-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Zola R. Lett* **Zola R. Lett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *(850) 478-8947* Daytime Phone # *OT*

(850) 723-7048 Call