CITY-ST-ZIP

PENSACOLA FL 32507

)3 NOT-FOR-PRO NIFORM BUSINE			4	F 11	09-02-2003		****61.25	
DOCUMENT # 711425 1. Entity Name GREATER PENSACOLA CHAPTER #364 OF AARP, INC.					03 SEP -5	 5 PM12:55	711425		
GHEATER	PENSACULA CHAPTER #30	OF AANT, ING.		155	SEUNE (A)	RY C. DIAN SEE. FLORI	E DA		
Principal Plac	e of Business	Mailing Address			IALLANAS	0221 (2011)			
BAYYIEW COMMUNITY CENTER 2000 E LLOYD ST PENSACOLA FL 32503		3120-ALETH AVENUE PENSACOLA PI-82503			ê 1869ê 4 64ê ; li b a i	IBII ALEXE KIBE) BIKY RIGIK	ALBIK BIANI BIAN AN	1/1 2/1011 1 12 7	
2. Principal P	Place of Business	3. Mailing Address	c Hrusy	r					
Suite, Apt. #, etc.		Pensacola, FL			CHECK HERE IF MAKING CHANGES			_	
City & State		City & State 32503	USA		4. FEI Number NOT	APPLICABLE	No	oplied For ot Applicable	1
Zip	Country	Zip ~~~ -5" -	Country C		5. Certificate of Statu	s Desired 🔲	**************************************		
	6. Name and Address of Current F	tegistered Agent			7. Name and Address	s of New Register	ed Agent		7
			Name	ance	es H. Jones	<u> </u>			
MORRISS	Street A	ddress (F	P.O. Box Number is Not SCERIC HW	Acceptable)					
3120 N. (PENSAC(<i></i>	Jeanne ma	7			1		
. 27157151			City	0 H 4	ecola.	F	L Zip Soo	503	1
	named entity submits this statement for	the purpose of changing its				State of Florida. 1 a	am familiar with,	and accept	1
the obligat	tions of registered agent.			•					
SIGNATURE (Trajeces Signature, typed or printed name of registered agent a	ditte il applicable. (NOTE	Lent Francisco Agent signa	ance	s H. Jones when reinstatring)	9/2 DAT	27/200	3	
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23	i .	: npaign Financing ontribution.		\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of \$		
10.	OFFICERS AND DIR	ECTORS /	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN		1_
	MORRISSETTE, TEMPIA 3120 N 6TH AVE	M Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	344	ances H. J 95 Scenic Isacola, FL	HW4,	☐ Change	Addition	E037 (4/03
CITY-ST-ZIP PENSACOLA FL 32503					a. Presi		☐ Change	Addition	₹ †
NAME STREET ADDRESS	JONES, FRANCES 3495 SCENIC HWY	ITTLE NAME STREET ADDRESS	Ger	neral Mort 20 N. 6th.	11ve.				
CITY-ST-ZIP	PENSACOLA FL 32503	☐ Delete	CITY-ST-ZIP	lev	cocioloc, 1. h		☐ Change	☐ Addition	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBURY, DOLORES B 1308 E. HATTON ST. PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ change			
TITLE NAME STREET ADDRESS	T CLARKE, JUANITA 8108 PRICE ST.	☐ Delete	title Name Street address		Ra	/	☐ Change	☐ Addition	
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP				·		
TITLE NAME	D ELLIOTT, ETHEL	` □ Delete	TITLE NAME STREET ADDRESS			a ki Lasaren 1920	Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP	1922 E FISHER ST PENSACOLA FL 32503		CITY-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>				
TITLE NAME STREET ADDRESS	AS HAYNES, SARAH, Dr. 5085 S SHORE DR	. Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	

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.

CITY-ST-ZIP