FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***9038.75 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 766897

1. Corporation Name
West Pensacola Chapter #3564 Of American Association Of Retired Persons, Inc.

Principal Place of Business	Mailing Address
% Felix R. Miga Senior Center 904 N. 57th Avenue Pensacola, FL 32506	%Felix R. Miga Senior Ctr. 904 N. 57th Avenue Pensacola, FL 32506

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 09/26/94
4. FEI Number: 95-3798501 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
Deese, John E
210 South 2nd Street
Warrington, FL 32507

10. Name and Address of New Registered Agent
81 Name T. Wayne Shick
82 Street Address (P.O. Box Number is Not Acceptable) 5398 Lillian Highway - Apt. 35
83
84 City Pensacola, FL 85 Zip Code 32506

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE John E. Deese John E Deese T. Wayne Shick T. Wayne Shick 03/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	Deese, John E.	1.2 NAME	Shick, T. Wayne	
STREET ADDRESS	904 N. 57th Avenue	1.3 STREET ADDRESS	904 N. 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	1.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	Kirk, Henry	2.2 NAME	Wells, Elizabeth	
STREET ADDRESS	904 N. 57th Avenue	2.3 STREET ADDRESS	904 N. 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	2.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	Bennett, Mary E.	3.2 NAME	Wallace, Ora	
STREET ADDRESS	904 N. 57th Avenue	3.3 STREET ADDRESS	904 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	3.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	4.1 TITLE	S	☒ Change ☐ Addition
NAME	Keik, Dell	4.2 NAME	Hoffberg, Joan	
STREET ADDRESS	904 N. 57th Avenue	4.3 STREET ADDRESS	904 N. 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	4.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	Garcia, Cruz	5.2 NAME	Deese, John E.	
STREET ADDRESS	904 N. 57th Avenue	5.3 STREET ADDRESS	904 N. 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	5.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	Weir, Morris	6.2 NAME	Pinney, R.K. (Ken)	
STREET ADDRESS	904 N. 57th Avenue	6.3 STREET ADDRESS	904 N. 57th Avenue	
CITY-ST-ZIP	Pensacola, FL 32506	6.4 CITY-ST-ZIP	Pensacola, FL 32506	

5/5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T. Wayne Shick T. Wayne Shick 3/19/95 (904) 453-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #