

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **766897** (3)

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 CENTER
904 N. 57TH AVENUE
PENSACOLA FL 32506



3. Date Incorporated or Qualified
12/09/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
95-3798501

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHICK, T. WAYNE
5398 LILLIAN HIGHWAY
APT 35
PENSACOLA FL 32506

81 Name

Elizabeth Wells

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

5 Carey Avenue

83

84 City

Pensacola

FL

85

Zip Code 32506

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

Elizabeth Wells

Elizabeth Wells

2/14/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SHICK, T. WAYNE**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

1.1 TITLE

Elizabeth Wells ☐ Change ☐ Addition
904 N. 57th Avenue
Pensacola, FL 32506

TITLE **V** ☐ DELETE

NAME **WELLS, ELIZABETH**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

2.1 TITLE

T. Wayne Shick ☐ Change ☐ Addition
904 N. 57th Avenue
Pensacola, FL 32506

TITLE **T** ☐ DELETE

NAME **WALLACE, ORA**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

3.1 TITLE

Eugenia (Jean) Spice ☐ Change ☐ Addition
904 N. 57th Avenue
Pensacola, FL 32506

TITLE **S** ☐ DELETE

NAME **HOFFBERG, JOAN**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

4.1 TITLE

Mildred T. Coffman ☐ Change ☐ Addition
904 N. 57th Avenue
Pensacola, FL 32506

TITLE **D** ☐ DELETE

NAME **DEESE, JOHN E**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

5.1 TITLE

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PINNEY, R.K. (KEN)**
STREET ADDRESS **904 N. 57TH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32506**

6.1 TITLE

☐ Change ☐ Addition

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)(k), 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:

Elizabeth Wells

Elizabeth Wells

2/14/96

904-456-3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)