## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 70

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## WEST PENSACOLA CHAPTER #3564 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address							. Ulbii #1011		INII AFAIL INAF
% FELIX R. MI	GA SENIOR CENTER	3201 ROTHSCHILD DR	3201 ROTHSCHILD DR			3. Date Incorporated or Qualified			
904 N. 57TH A		PENSACOLA FL 32503				12/09/1983			
PENSACOLA F	L 32506	US				4. FEI Number		Ar	oplied For
						95-3798501	ľ		ot Applicable
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address			5. Certificate of Status Desired	\$8	.75	Additional
21		26			,	5. Certificate of citatos Desired	F	ee Ro	equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing			May Be
22 City & Stat		27				Trust Fund Contribution			Fees
·	e	City & State				7. Is this nonprofit corporation a homeow	_		n?
<b>23</b>   Zip	Country	28    Zip	Cou	ntry		\Yes	∐ No		
24	25	<del>}</del> 1 '	30	i iti y		8. This corporation owes or has paid the Personal Property Tax due June 30.	current ye Yes		angible No
241	9. Name and Address of Curren	()	301			10. Name and Address of New Registere			<u> </u>
			1	81	Name				·
SPICE, EUGENIA			-		<u> </u>	(0.0.0.)			
	OTHS CHILD DR	82 Street			Street Ao	Idress (P.O. Box Number is Not Acceptable)			
	OLA FL 32503		ŀ	83					
LITORG	70 DATE 02000		-				<del></del>		
				84	City	F	L 85	Zip	Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the ab	ove	named co	orporation submits this statement for the purpose	of chan	ging it	s registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 617,0503, Flor	ithorized ida Statu	i by utes.	the corpor ;	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointme	ent as	registered
SIGNATURE									
	Signature, typed or printed name of registered ages		Registered	Ager	nt signature req	quired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DP	DELETE	1,1 TIT		1	Lizabeth Wells	<b>∑</b> (ch	iange	Addition
NAME	JONES, ALFRED		1.2 NA	-	د ا	- M 1 Alle			
STREET ADDRESS	5601 JAPENICA AVE				ADDRESS S	carey 1.0			
CITY-ST-ZIP	PENSACOLA FL	DELETE	1.4 CITY 2.1 TITL		-ZIP	Pensacula Id. 32506 .V.P.			Addition
TITLE	DVP	Detere					)ALCO	lange	L Addition
NAME CERTET ADDRESS	WELLS, ELIZABETH		2.2 NAI			Tohn Deese, *			
STREET ADDRESS	5 CAREY AVE PENSACOLA FL				ADDRESS 2	10 8 2 md ST			
CITY-ST-ZIP TITLE	DT PENSAGOLA PL	DELETE				ensecole Fel 32507	Ch:	22000	Addition
NAME	SPICE, EUGENIA	Dttr.r	3.2 NAME		Æ		L, 01.	ange	
STREET ADDRESS	3201 ROTHSCHILD DR		1		ADDRESS				
CITY-ST-ZIP	PENSACOLA FL								
TITLE	DS PENDACOLA FL	( )			T-ZIP	\$	☐ Ch	enne	Addition
NAME	COFFMAN, MILDRED	A	4.1 TITL 4. 2 NA					ange	Paddition
STREET ADDRESS	5398 LILLIAN HWY APT 4				1- 1-	tope Abromitz			
	PENSACOLA FL				ADDRESS 7	726 PONTICE Dr			
CITY-ST-ZIP	D D	DELETE	4,4 CIT ELETE 5.1 TITI			PONSECULE Je 32506	Ch	ispae	Addition
NAME	DEESE, JOHN E	A	5.2 NAM		n n	hildred Caffmani		ur.go	
STREET ADDRESS	904 N 57TH AVE				ADDRESS 5	nillred Coffman 398 Lillian Hwy AbT	4		
CITY-ST-ZIP	PENSACOLA FL		5.4 CM		מום מולי	ensagota del 32506	-		
TITLE	D PENOAUOLA FL	DELETE	5.4 GHY 6.1 TITL		-417	(M) & ROLE 34. 52506	I Ch	ange	Addition
NAME	CLARK, EVELYN		6.2 NAN				VIII	Ligo	reduieds
STREET ADORESS	964 NEW WARINGTON RD				NDDRESS				
CITY-ST-7IP	PENSACOLA FL		6.3 STR						
ULITABLE I			■ 0.4 (JII)	1-51-	-∆r′ ≀				

14. 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 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:

SIGNATURE:

SIGNATURE: