


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90212 007 \*\*\*\*61.25

<b>DOCUMENT # N17009</b> 1. Entity Name <b>WEST ESCAMBIA SENIOR CITIZENS ORGANIZATION, INC.</b>					
Principal Place of Business <b>%FELIX R. MIGA 904 N. 57TH AVENUE PENSACOLA, FL 32506</b>			Mailing Address <b>%FELIX R. MIGA 904 N. 57TH AVENUE PENSACOLA, FL 32506</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR PENSACOLA, FL 32506</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LINDT, LOIS</b> <b>13083 CONCORD DR W</b> <b>LILLIAN, AL 36549</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAVEY, ALFRED C SR</b> <b>7120 MOORE AVE.</b> <b>PENSACOLA, FL 32526</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Smith, Clarence</b> <b>903 Cranbrook Ave</b> <b>Pensacola, FL 32505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BENNETT, MARY</b> <b>63 DELUNA DR.</b> <b>PENSACOLA, FL 32506</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LINDT, JIM</b> <b>13083 CONCORD DR. W</b> <b>LILLIAN, AL 36549</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEMMON, HARRY</b> <b>405 THORN CT</b> <b>PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIPSKEY, RHONDA</b> <b>1006 EDISON DR</b> <b>PENSACOLA, FL 32504</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bates, Mary</b> <b>10510 Willow Lake Dr</b> <b>Pensacola FL 32506</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Lois Lindt</u> <span style="float: right;"><u>Jan. 9, 2007</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

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2007 NOT-FOR PROFIT CORPORATION

DOCUMENT # N17009

60001320

WEST ESCAMBIA SENIOR CITIZENS ORGANIZATION

TITLE	D		
NAME	Davey, Margaret		
STREET ADD.	7120 Moore Ave		
CITY ST ZIP	Pensacola, FL 32526		