2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N17009

Entity Name: WEST ESCAMBIA SENIOR CITIZENS ORGANIZATION, INC.

Current Principal Place of Business:

%FELIX R. MIGA
904 N. 57TH AVENUE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

%FELIX R. MIGA
904 N. 57TH AVENUE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-2667199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LINDT, LOIS	
Address:	13083 CONCORD DR W	
City-St-Zip:	LILLIAN, AL 36549	
Title:	VP	( ) Delete
Name:	DAVEY, ALFRED G	
Address:	7120 MOORE AVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	T	( ) Delete
Name:	BENNETT, MARY	
Address:	63 DELUNA DR.	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	S	( ) Delete
Name:	LINDT, JIM	
Address:	13083 CONCORD DR. W	
City-St-Zip:	LILLIAN, AL 36549	
Title:	D	( ) Delete
Name:	DEMMON, HARRY	
Address:	405 THORN CT	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	( ) Delete
Name:	BATES, MARY	
Address:	10510 WILLOW LAKE DR	
City-St-Zip:	PENSACOLA, FL 32506	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	EDISON, PAULINE D	
Address:	581 HERITAGE LAKES AVE.	
City-St-Zip:	PENSACOLA, FL 32506	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DEMMON, HARRY	
Address:	5835 VESTAVIA LANE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	(X) Change ( ) Addition
Name:	JAMES, LELIA	
Address:	213 WILLOW STREET	
City-St-Zip:	PENSACOLA, FL 32506	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE D EDISON TREA 01/22/2009

Electronic Signature of Signing Officer or Director — Date