

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001678

**Entity Name:** ASSOCIATION OF MONSANTO-SOLUTIA RETIREES, INC.

**Current Principal Place of Business:**

11644 CLEAR CREEK DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

P. O. BOX 863  
CANTONMENT, FL 32533

**FEI Number: 03-0411629**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAPLES, THOMAS C  
41 N JEFFERSON ST, SUITE 400  
PENSACOLA, FL 32501 US

*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

**Officer/Director Detail :**

Title CD  
Name MC ARTHUR, GERALD D  
Address POST OFFICE BOX 863  
City-State-Zip: CANTONMENT FL 32533

Title D  
Name MCGRADY, FRANCES  
Address POST OFFICE BOX 863  
City-State-Zip: CANTONMENT FL 32533

Title D  
Name YOUNG, FRED  
Address P O BOX 863  
City-State-Zip: CANTONMENT FL 32533

Title SD  
Name MARTIN, MARTHA  
Address P O BOX 863  
City-State-Zip: CANTONMENT FL 32533

Title TD  
Name WRIGHT, LOIS  
Address 11644 CLEAR CREEK DRIVE  
City-State-Zip: PENSACOLA FL 32514

*I hereby 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 all other like empowered.*

**SIGNATURE: LOIS K. WRIGHT**

**TREASURER**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date