FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:11

DOCUMENT # N15666 (3)

1. Corporation Name
KEYSTONE HEIGHTS SINGLES CLUB, INC.

Principal Place of Business	Mailing Address
COMMERCIAL CIRCLE P.O. BOX 305 KEYSTONE HEIGHTS FL 32656	COMMERCIAL CIRCLE P.O. BOX 305 KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 08/10/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Keystone Heights
22 Suite, Apt. #, etc. Keystone Heights
23 City & State FL
24 Zip 32178 25 Country U.S.A.

2a. Mailing Address
26 P.O. Box 305
27 Suite, Apt. #, etc. Keystone Heights
28 City & State FL
29 Zip 32178 30 Country U.S.A.

9. Name and Address of Current Registered Agent

DOUGLASS, MARIE
10 THOMAS CIR
KEYSTONE HEIGHTS FL 32658

10. Name and Address of New Registered Agent

81 Name: Betty L. Phillips
82 Street Address (P.O. Box Number is Not Acceptable): 149 Lake Serena
83 Rt. 1 Box 1472
84 City: Melrose FL 85 Zip Code: 32668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Betty L. Phillips — 3/15/95
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	1.1 TITLE	P.D. ☐ Change ☐ Addition
NAME	DOUGLASS, MARIE	1.2 NAME	Betty L. Phillips
STREET ADDRESS	10 THOMAS CIR	1.3 STREET ADDRESS	149 Lake Serena Dr. Rt 1 Box 1472
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	1.4 CITY-ST-ZIP	Melrose, FL. 32666
TITLE	VD	2.1 TITLE	V.D. ☐ Change ☐ Addition
NAME	WIGGINS, AL	2.2 NAME	Barbara Carter
STREET ADDRESS	210 LAKE SERENA DR.	2.3 STREET ADDRESS	P.O. Box 745 NA
CITY-ST-ZIP	MELROSE FL	2.4 CITY-ST-ZIP	Waldo, FL. 32694
TITLE	VD	3.1 TITLE	Martha Blake ☐ Change ☐ Addition
NAME	SULLIVAN, AL	3.2 NAME	P.O. Box 95 NA
STREET ADDRESS	112 SYLVAN SHORES	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	3.4 CITY-ST-ZIP	Lake Geneva, FL. 32160
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	BARICAN, LILLIAN	4.2 NAME	Clara Patterson
STREET ADDRESS	208 MOTES RD.	4.3 STREET ADDRESS	8157 Meridian Rd.
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	Keystone Heights, FL 32656
TITLE	SD	5.1 TITLE	S.D. ☐ Change ☐ Addition
NAME	PHILLIPS, BETTY	5.2 NAME	Betty Stubbs
STREET ADDRESS	210 LAKE SERENA DR.	5.3 STREET ADDRESS	P.O. Box 573 NA
CITY-ST-ZIP	MELROSE FL	5.4 CITY-ST-ZIP	Keystone Heights, FL 32656
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Betty L. Phillips / President '95 — 3/15/95 — (904) 475-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000206