

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:44

DOCUMENT # N93000001278 (1)

1. Corporation Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 822
KEYSTONE HEIGHTS FL 32656

P.O. BOX 822
KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

94-3156279

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASE, ALVA D
RT. 3 BOX 1979
MELROSE FL 32666

81 Name

McGahee, Edge

82 Street Address (P.O. Box Number is Not Acceptable)

235 Center Ave

83

84 City

Keystone Hts

FL

85 Zip Code

32656

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. Each 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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/21/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CHASE, ALVA D
STREET ADDRESS	RT. 3 BOX 1979
CITY - ST - ZIP	MELROSE FL
TITLE	VP
NAME	DEWITT, CLEOPHEUS
STREET ADDRESS	P.O. BOX 35 N/A
CITY - ST - ZIP	LAKE GENEVA FL
TITLE	S
NAME	MANN, ELSIE G.
STREET ADDRESS	P.O. BOX 314 N/A
CITY - ST - ZIP	FLORAHOME FL
TITLE	T
NAME	CHASE, LILLIAN R
STREET ADDRESS	RT 3 BOX 381
CITY - ST - ZIP	LAKE GENEVA FL
TITLE	D
NAME	GLENN, MARIE
STREET ADDRESS	P.O. BOX 381 N/A
CITY - ST - ZIP	LAKE GENEVA FL
TITLE	D
NAME	MAYS, HELEN
STREET ADDRESS	P.O. BOX 1683 N/A
CITY - ST - ZIP	KEYSTONE HEIGHTS FL

11 TITLE	P	☒ Change ☐ Addition
12 NAME	McGahee, Edge	
13 STREET ADDRESS	235 Center Ave	
14 CITY - ST - ZIP	Keystone Hts., FL 32656	
21 TITLE		☐ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		32160
31 TITLE	S	☒ Change ☐ Addition
32 NAME	Phillips, Naomi	
33 STREET ADDRESS	699-D Park Dr	
34 CITY - ST - ZIP	Keystone Hts., FL 32656	
41 TITLE	T	☒ Change ☐ Addition
42 NAME	Mann, Elsie	
43 STREET ADDRESS	219 Walton St.	
44 CITY - ST - ZIP	Florahome, FL 32140	
51 TITLE		☐ Change ☒ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		32160
61 TITLE		☐ Change ☒ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		32656

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 110.07(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:

Signature and typed printed name of signing officer or director

2/21/95
DATE

(904) 473-7791
Telephone Number