

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N15666** (3)

1. Corporation Name

KEYSTONE HEIGHTS SINGLES CLUB, INC.



Principal Place of Business

**KEYSTONE HEIGHTS
KEYSTONE HEIGHTS FL 32178
US**

Mailing Address

**P. O. BOX 305
KEYSTONE HEIGHTS FL 32178
US**

3. Date Incorporated or Qualified
07/01/1986

3a. Date of Last Report
03/20/1995

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

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**

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

**PHILLIPS, BETTY L.
149 LAKE SERENA
ROUTE 1 BOX 1472
MELROSE FL 32666**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BETTY L.	
STREET ADDRESS	149 LAKE SERENA DRIVE, ROUTE 1 BOX 1472	
CITY - ST - ZIP	MELROSE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, BARBARA	
STREET ADDRESS	P. O. BOX 745 N/A	
CITY - ST - ZIP	WALDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, MARTHA	
STREET ADDRESS	P.O. BOX 75 N/A	
CITY - ST - ZIP	LAKE GENEVA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATTERSON, CLARA	
STREET ADDRESS	8157 MERRIAN ROAD	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STUBBS, BETTY	
STREET ADDRESS	P. O. BOX 573 N/A	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ph: 11. P3 Betty L.	
1.3 STREET ADDRESS	149 LAKE SERENA DR. Rt. 1 Box 1472	
1.4 CITY - ST - ZIP	Melrose, FL 32666	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Allen Wiggins	
2.3 STREET ADDRESS	149 LAKE SERENA DR. Rt. 1 Box 1472	
2.4 CITY - ST - ZIP	Melrose, FL 32666	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALBERT T. SULLIVAN	
3.3 STREET ADDRESS	PO BOX 151	
3.4 CITY - ST - ZIP	MELROSE, FL 32666	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTHA CREWS	
4.3 STREET ADDRESS	PO BOX 1123	
4.4 CITY - ST - ZIP	MELROSE, FL 32666	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY Eiland	
5.3 STREET ADDRESS	5010 NE WALDO RD #47	
5.4 CITY - ST - ZIP	GAINESVILLE, FL 32608	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty L. Phillips

2/21/96
Date

904-475-5958
Daytime Phone #

CR2E037 (12/95)