

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90016 048 ****61.25

DOCUMENT # N15666

1. Entity Name

KEYSTONE HEIGHTS SINGLES CLUB, INC.



Principal Place of Business

8157 MERRIAN RD
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

8157 MERRIAN RD
KEYSTONE HEIGHTS FL 32656
US

2. Principal Place of Business

HWY-21-United Methodist
Suite, Apt. #, etc. CH.

3. Mailing Address

6706 Shands Rd.
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Keystone Heights, FL.

Zip
32656

Country
U.S.

City & State

Keystone Heights, FL.

Zip
32656

Country
U.S.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, CLARA M
8157 MERRIAN RD
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Fisher, Isobel F.

Street Address (P.O. Box Number is Not Acceptable)
6706 Shands Rd.

City

Keystone Heights

FL

Zip Code

32656

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Isobel F. Fisher

Isobel F. Fisher

2-6-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PATTERSON, CLARA M
STREET ADDRESS 8157 MERRIAN RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE V
NAME SMILOWITZ, ANN
STREET ADDRESS 3723 NW 55 PL
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE V
NAME MARSHALL, MYRTLE
STREET ADDRESS 300 SWAN LAKE DR
CITY-ST-ZIP MELROSE FL 32666 ☐ Delete

TITLE SD
NAME KELSAY, BALUCH C
STREET ADDRESS 5774 BRYCE CT
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE DT
NAME LITTLE, MARLENE
STREET ADDRESS 7085 KING ST
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME Martha Crews
STREET ADDRESS 6308 Island Rd
CITY-ST-ZIP Melrose, FL. 32666 ☐ Change ☐ Addition

TITLE V
NAME Albert T. Sullivan
STREET ADDRESS 6308 Island Rd.
CITY-ST-ZIP Melrose, FL. 32666 ☐ Change ☐ Addition

TITLE V
NAME Ann Smilowitz
STREET ADDRESS 3723 N.W. 55 Pl.
CITY-ST-ZIP Gainesville, FL. 32653 ☐ Change ☐ Addition

TITLE SD
NAME Idell Boyett
STREET ADDRESS 4534 N.W. 219th St.
CITY-ST-ZIP Lawtey, FL. 32058 ☐ Change ☐ Addition

TITLE DT
NAME Isobel F. Fisher
STREET ADDRESS 6706 Shands Rd.
CITY-ST-ZIP Keystone Heights, FL. 32656 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Isobel F. Fisher - Isobel F. Fisher - 2-6-04-(353)473-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #