

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N15666

1. Entity Name

KEYSTONE HEIGHTS SINGLES CLUB, INC.



Principal Place of Business

HWY-21 UNITED METHODIST
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

6706 SHANDS RD.
KEYSTONE HEIGHTS FL 32656
US

2. Principal Place of Business

150 SW 63rd St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Keystone Heights, FL

City & State

Zip

Country

32656

U.S.A.

Country

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

FISHER, ISABEL F
6706 SHANDS RD.
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Isabel F. Fisher Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, CLARA M	
STREET ADDRESS	8157 MERRIAN RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMILOWITZ, ANN	
STREET ADDRESS	3723 NW 55 PL	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, MYRTLE	
STREET ADDRESS	300 SWAN LAKE DR	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELSAY, BALUCH C	
STREET ADDRESS	5774 BRYCE CT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, MARLENE	
STREET ADDRESS	7085 KING ST	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Crews	
STREET ADDRESS	6308 Island Rd.	
CITY-ST-ZIP	Melrose, Fl. 32666	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert T. Sullivan	
STREET ADDRESS	6308 Island Rd.	
CITY-ST-ZIP	Melrose, Fl. 32666	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Smilowitz	
STREET ADDRESS	3723 NW 55 Pl.	
CITY-ST-ZIP	Gainesville, Fl. 32653	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Monko	
STREET ADDRESS	4262 SE. 2nd Ave.	
CITY-ST-ZIP	Keystone Heights, Fl. 32656	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isobel F. Fisher	
STREET ADDRESS	6706 Shands Rd.	
CITY-ST-ZIP	Keystone Heights, Fl. 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Isabel F. Fisher - Isabel F. Fisher 1-28-05 (352) 473-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #