

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
03/19/1993

3a. Date of Last Report  
03/27/1995

4. FEI Number  
94-3156279

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

MCGAHEE, EDGE  
845 CENTER AVE  
KEYSTONE HTS FL 32656

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

(Print or type name of person signing as registered agent, if applicable)

(Print or type name of person signing as registered agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME MCGAHEE, EDGE  
STREET ADDRESS 235 CENTER AVE  
CITY-STATE-ZIP KEYSTONE HTS. FL  
TITLE VP ☒ DELETE  
NAME DEWITT, CLEOPHEUS  
STREET ADDRESS P.O. BOX 35 N/A  
CITY-STATE-ZIP LAKE GENEVA FL  
TITLE S ☐ DELETE  
NAME PHILLIPS, NAOMI  
STREET ADDRESS 699-D PARK DR  
CITY-STATE-ZIP KEYSTONE HTS FL  
TITLE T ☐ DELETE  
NAME MANN, ELSIE  
STREET ADDRESS 219 WALTON ST.  
CITY-STATE-ZIP FLORAHOME FL  
TITLE D ☐ DELETE  
NAME GLENN, MARIE  
STREET ADDRESS P.O. BOX 361 N/A  
CITY-STATE-ZIP LAKE GENEVA FL  
TITLE D ☐ DELETE  
NAME MAYS, HELEN  
STREET ADDRESS P.O. BOX 1663 N/A  
CITY-STATE-ZIP KEYSTONE HEIGHTS FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE ☐ Change ☒ Addition  
22 NAME VP  
23 STREET ADDRESS MAVADELLE H. FISHER  
24 CITY-STATE-ZIP P.O. BOX 56  
LAKE GENEVA, 32160  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(352) 473-7791

Date

Daytime Phone #

CR2E037 (12/95)