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FILED
May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N93080001278</u> 1. Corporation Name Keystone Heights Chapter #4813 of AARP, Inc.					
Principal Place of Business St. Anne's Church Magnolia Street Keystone Hts., FL 32656			Mailing Address AARP P O Box 822 Keystone Hts., FL 32656		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified March 19, 1993 3a. Date of Last Report May 1, 1996 4. FEI Number 943156279 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
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 <u>Al Chase</u> Al Chase, Treas. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE April 28, 1997		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP President Susie Fisher P O Box 56 Lake Geneva, FL 32160			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP President Susie Inlow P O Box 56 Lake Geneva, FL 32160		
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP V. President Pat Pasch 395 S E 41 Loop Rd #60 Keystone Hts., FL 32656			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Treasurer Al Chase 109 Forest Hill Rd Melrose, FL 32666		
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Treasurer Anne Morgan 6409 Little Lk. Geneva Rd Keystone Hts., FL 32656			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Director Louise Cooney 5830 Hillridge Rd Keystone Hts., FL 32656		
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary Marie Glenn P O Box 361 Lake Geneva, FL 32160			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Director Louise Cooney 5830 Hillridge Rd Keystone Hts., FL 32656		
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Bob Blount P O Box 981 Keystone Hts., FL 32656			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Director Louise Cooney 5830 Hillridge Rd Keystone Hts., FL 32656		
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Ruth Chase 109 Forest Hill Rd Melrose, FL 32666			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 400002205784 -06/09/97--01091--001 ***61.25		

14. I do 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 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: Al Chase **AL Chase** 4/28/97 352-473-0661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)