

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001278 (1)**

1. Corporation Name

**KEYSTONE HEIGHTS CHAPTER #4813 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**ST. ANNE'S CHURCH  
MAGNOLIA STREET  
KEYSTONE HEIGHTS FL 32656**

**AARP  
P.O. BOX 822  
KEYSTONE HTS. FL 32656**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/19/1993**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**CHASE, AL  
109 FOREST HILL RD  
MELROSE FL 32666**

81 Name

**Same**

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

*Alva Chase*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>INLOW, SUSIE</b>	
STREET ADDRESS	<b>P.O. BOX 56 N/A</b>	
CITY - ST - ZIP	<b>LAKE GENEVA FL 32160</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Chase, Alva</b>	
1.3 STREET ADDRESS	<b>109 Forest Hills Rd</b>	
1.4 CITY - ST - ZIP	<b>Melrose, FL 32666</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PASCH, PAT</b>	
STREET ADDRESS	<b>395 SE 41 LOOP RD #60</b>	
CITY - ST - ZIP	<b>KEYSTONE HTS F; 32656</b>	

2.1 TITLE	<b>V P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Tristani, Mildred (Mickey)</b>	
2.3 STREET ADDRESS	<b>7675 Silver Sands Rd</b>	
2.4 CITY - ST - ZIP	<b>Keystone Hts., FL 32656</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHASE, AL</b>	
STREET ADDRESS	<b>109 FOREST HILL RD</b>	
CITY - ST - ZIP	<b>MELROSE FL 32666</b>	

3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thompson, David</b>	
3.3 STREET ADDRESS	<b>320 Grove St.</b>	
3.4 CITY - ST - ZIP	<b>Keystone Hts., FL 32656</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOUNT, BOB</b>	
STREET ADDRESS	<b>P.O. BOX 981 N/A</b>	
CITY - ST - ZIP	<b>KEYSTONE HTS FL 32656</b>	

4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Glenn, Marie</b>	
4.3 STREET ADDRESS	<b>P O Box 361 N/A</b>	
4.4 CITY - ST - ZIP	<b>Lake Geneva, FL 32160</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHASE, RUTH</b>	
STREET ADDRESS	<b>109 FOREST HILL RD</b>	
CITY - ST - ZIP	<b>MELROSE FL 32666</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COONEY, LOUISE</b>	
STREET ADDRESS	<b>5830 HILLRIDGE RD</b>	
CITY - ST - ZIP	<b>KEYSTONE HTS FL 32656</b>	

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 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: *Alva Chase* **Alva Chase**

**352/473-0661**

CR2E037 (10/97)