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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001278**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 94-3156279 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CHASE, AL
109 FOREST HILL RD
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name: Tristani, Mildred (Mickey)
82 Street Address (P.O. Box Number is Not Acceptable): 7675 Silver Sands Rd
83: Keystone Heights
84 City: FL 85 Zip Code: 32656

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: X Mildred S. Tristani President — DATE: March 29 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHASE, ALVA 109 FOREST HILLS RD MELROSE FL 32666	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Tristani, Mildred (Mickey) 7675 Silver Sands Rd Keystone Hts FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRISTANI, MILDRED (MICKEY) 7675 SILVER SANDS RD KEYSTONE HTS F: 32656	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Opal J. Haire PO Box 1013 Keystone Hts FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMPSON, DAVID 320 GROVE ST KEYSTONE HTS FL 32656	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Lilan Scott PO Box 248 Melrose FL 32666	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOUNT, BOB P.O. BOX 981 N/A KEYSTONE HTS FL 32656	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SS Naomi Phillips 699-D Park Dr Keystone Hts FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, RUTH 109 FOREST HILL RD MELROSE FL 32666	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Chase, Alva 109 Forest Hill Rd Melrose FL 32666	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COONEY, LOUISE 5830 HILLRIDGE RD KEYSTONE HTS FL 32656	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (1/1/98)

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, with all other like empowered.

SIGNATURE: X Mildred S. Tristani (Mickey) — Mildred S. Tristani — 352-473-3038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #