

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90009 048 \*\*\*\*61.25

**DOCUMENT # N93000001278**

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AARP, INC.



Principal Place of Business

KEYSTONE UNITED METHODIST CHURCH  
CR 21  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

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

**94024503**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3156279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Sandra E. Barnawell, President*

2-23-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TRISTANI, MILDRED  
CITY-ST-ZIP 7675 SILVER SANDS ROAD  
KEYSTONE HEIGHTS FL 32656

TITLE ☒ Change ☐ Addition  
NAME Treasurer.  
STREET ADDRESS Tristani, Mildred  
CITY-ST-ZIP 7675 Silver Sands Road  
Keystone Heights, FL 32656

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CHASE, RUTH  
CITY-ST-ZIP PO BOX 735  
MELROSE FL 32666

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 25284 N.E. 137th Lane  
CITY-ST-ZIP Salt Springs, FL 32134

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BARNAWELL, JAMES  
CITY-ST-ZIP PO DRAWER F  
LAKE GENEVA FL 32160

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS Barnawell, James  
CITY-ST-ZIP P. O. Drawer F  
Lake Geneva, FL 32160

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BARNAWELL, SANDRA  
CITY-ST-ZIP PO DRAWER F  
LAKE GENEVA FL 32160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHASE, ALVA  
CITY-ST-ZIP PO BOX 735  
MELROSE FL 32666

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 25284 N.E. 137th Lane  
CITY-ST-ZIP Salt Springs, FL 32134

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PETTIT, DONALD  
CITY-ST-ZIP 150 SW 5TH AVE  
LAKE BUTLER FL 32054

TITLE ☐ Change ☐ 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:

*Sandra E. Barnawell*

Sandra E, Barnawell

352 473 4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #