

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90067 040 ****61.25

DOCUMENT # N93000001278

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AARP, INC.



Principal Place of Business

Mailing Address

KEYSTONE UNITED METHODIST CHURCH
CR 21
KEYSTONE HEIGHTS FL 32656
US

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



1st MOORE

CR2E037 (10/04)

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 *Mildred S. Tristani*
Street Address (P.O. Box Number is Not Acceptable)

7675 Silver Sands Rd

City *Keystone Hts*

FL

Zip Code
32656

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 *Mildred S. Tristani Pres.*

1/21/05

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, 2005

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

TITLE T ☒ Change ☐ Addition
NAME Nancy L. Dowd
STREET ADDRESS 660 SW Cardinal
CITY-ST-ZIP Keystone HTS FL 32656

TITLE VP ☐ Delete
NAME CHASE, RUTH
STREET ADDRESS 25284 N.E. 137TH LANE
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE VP ☒ Change ☐ Addition
NAME Marjorie Thompson
STREET ADDRESS 320 SW Grove
CITY-ST-ZIP Keystone HTS FL 32656

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

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

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

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

TITLE D ☐ Delete
NAME CHASE, ALVA
STREET ADDRESS 25284 N.E. 137TH LANE
CITY-ST-ZIP SALT SPRINGS FL 32134

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

TITLE D ☐ Delete
NAME PETTIT, DONALD
STREET ADDRESS 150 SW 5TH AVE
CITY-ST-ZIP 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: *Mildred S. Tristani* *Mildred S. Tristani* *1/21/05* *352-473-3038*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #