

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90121 045 ****61.25

DOCUMENT # N93000001278

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AARP, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Keystone United Methodist

Suite, Apt. #, etc.

Church

3. Mailing Address

Suite, Apt. #, etc.

City & State

CR 21, Keystone Heights, FL

City & State

FL

Zip

32656

Country

US

Zip

Country

4. FEI Number **94-3156279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE **VP** ☒ Delete
NAME **HAIRE, OPAL J**
STREET ADDRESS **P.O. BOX 1013**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **T** ☒ Delete
NAME **HAIRE JOE, S**
STREET ADDRESS **PO BOX 1013**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **S** ☒ Delete
NAME **BARNAWELL, SANDRA**
STREET ADDRESS **PO DRAWER F**
CITY-ST-ZIP **LAKE GENEVA FL 32160**

TITLE **D** ☐ Delete
NAME **CHASE, ALVA**
STREET ADDRESS **109 FOREST HILL ROAD P.O. Box 735**
CITY-ST-ZIP **MELROSE FL 32666**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Chase, Ruth**
STREET ADDRESS **P.O. Box 735**
CITY-ST-ZIP **Melrose, FL 32666**

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

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Pettit, Carol**
STREET ADDRESS **150 S.W. 5th Ave.**
CITY-ST-ZIP **Lake Butler, FL 32054**

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

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 Barnawell **Sandra Barnawell**

1/16/03 (352) 473-4330

CR2E037 (10/02)