

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90274 038 \*\*\*\*61.25

**DOCUMENT # N00000005958**

1. Entity Name

**KEYSTONE COMMUNITY LUTHERAN CHURCH, INC.**



Principal Place of Business

**3331 MASTERS DRIVE  
 CLEARWATER FL 33761**

Mailing Address

**3331 MASTERS DRIVE  
 CLEARWATER FL 33761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3411 BEECH TRAIL**

3. Mailing Address

**3411 BEECH TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

4. FEL Number

**59-3675660**

Applied For

Not Applicable

Zip

**33761**

Country

**USA  
 PINELHAS**

Zip

**33761**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COONEY, SCOTT D  
 3331 MASTERS DRIVE  
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **SCOTT D COONEY**

Street Address (P.O. Box Number is Not Acceptable)

**3411 BEECH TRAIL**

City **CLEARWATER** **FL** Zip Code **33761**

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.

SIGNATURE

*Scott D Cooney*

**SCOTT D. COONEY TREASURER**

**8/30/01**

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  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
 NAME **VOEGE, WALLACE J**  
 STREET ADDRESS **3248 FOXHILL DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VPD**  Delete  
 NAME **DEFFNER, SANDRA**  
 STREET ADDRESS **4819 CROSS POINT DRIVE**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **SD**  Delete  
 NAME **THRON, SUSAN**  
 STREET ADDRESS **P.O. BOX 892**  
 CITY-ST-ZIP **PALM HARBOR FL 34682**

TITLE **TD**  Delete  
 NAME **COONEY, SCOTT D**  
 STREET ADDRESS **3331 MASTERS DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY**  Change  Addition  
 NAME **THERESA B. HESS**  
 STREET ADDRESS **3355 FOXHILL DR**  
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TREASURER**  Change  Addition  
 NAME **COONEY, SCOTT D**  
 STREET ADDRESS **3411 BEECH TRAIL**  
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Scott D Cooney* **SCOTT D. COONEY** **8/30/01** **727-781-8644**

CR2E037 (5/01)