

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N00750** (2)
Corporate Name
KEYSTONE UNITED METHODIST CHURCH OF ODESSA, INC.

95 FEB 28 PM 4: 19

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
16301 RACE TRACK RD. ODESSA FL 33556		16301 RACE TRACK RD. ODESSA FL 33556	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 01/05/1984	3a. Date of Last Report 02/22/1994
4. FEI Number 59-0971424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PRESCOTT, PHILLIP E. 6502 GRAZING LANE ODESSA FL 33556				B1	Name			Rev. Billy Dean Case
				B2	Street Address (P.O. Box Number is Not Acceptable)			5704 Half Moon Lake Road
				B3				
				B4	City		Tampa	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0905, Florida Statutes.

SIGNATURE *Phillip E. Prescott* (Pastor) **Rev. Billy Dean Case** 2-22-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, WAYNE	1.2 NAME	R. Terry Schoenborn
STREET ADDRESS	10213 LAKE GROVE DR.	1.3 STREET ADDRESS	15208 Race Track Road
CITY - ST - ZIP	ODESSA FL 33556	1.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBAUGH, GARY	2.2 NAME	Hancock, Rob
STREET ADDRESS	6313 EAGLEBROOK AVE.	2.3 STREET ADDRESS	17855 Boy Scout Road
CITY - ST - ZIP	TAMPA FL 33625	2.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, CAMILLE	3.2 NAME	
STREET ADDRESS	6548 SPANISH MOSS CIRCLE	3.3 STREET ADDRESS	7914-A LANDMARK COURT
CITY - ST - ZIP	TAMAP FL 33625	3.4 CITY - ST - ZIP	Tampa FL 33611
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Camille Hiller* 2/18/95 815-281-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Name)
CAMILLE HILLER