

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business: 16301 RACE TRACK RD, ODESSA FL 33556  
Mailing Address: 16301 RACE TRACK RD, ODESSA FL 33556

3. Date Incorporated or Qualified: 01/05/1984  
3a. Date of Last Report: 02/28/1995  
4. FEI Number: 59-0971424  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CASE, REV. BILLY D**  
**5704 HALF MOON LAKE ROAD**  
**TAMPA FL 33625**

10. Name and Address of New Registered Agent  
81 Name: **Rev. Mac Steinmeyer**  
82 Street Address (P.O. Box Number is Not Acceptable): **6502 Grazing Lane**  
84 City: **Odessa** FL 85 Zip Code: **33556**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.052, Florida Statutes.

SIGNATURE: *Mac Steinmeyer*

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	SCHOENBORN, R. T	STREET ADDRESS	15208 RACE TRACK ROAD	CITY-ST-ZIP	ODESSA FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	HANCOCK, ROB	STREET ADDRESS	17855 BOY SCOUT ROAD	CITY-ST-ZIP	ODESSA FL	<input type="checkbox"/> DELETE
TITLE	STD	NAME	HILLER, CAMILLE	STREET ADDRESS	7914-A LANDMARK COURT	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1788A JAMES TOWN WAY
3.4 CITY-ST-ZIP	LUTZ FL 33549
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 indicated 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* CAMILLE HILLER 1/21/96 813 962 7360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)