

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90015 004 ****61.25

C-7168

DOCUMENT # N00750

1. Entity Name

KEYSTONE UNITED METHODIST CHURCH OF ODESSA, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0971424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINMEYER, MAC REV.
6502 GRAZING LANE
ODESSA FL 33556

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.

SIGNATURE

Rev. Mac Steinmeyer

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, CLARENCE M	
STREET ADDRESS	19609 ANGEL LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, KIRK	
STREET ADDRESS	18119 JORENE CIRCLE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARCIA, YVONNE	
STREET ADDRESS	7013 JONES ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNEY, JOHN	
STREET ADDRESS	10507 CASTLEFORD WAY	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, DAVID	
STREET ADDRESS	4202 GLEN HAYEN LN.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, RITA	
STREET ADDRESS	19509 ANGEL LN.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Carney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01 710 329 9750

Date

Daytime Phone #

CR2E037 (10/00)