


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 021 ****61.25

DOCUMENT # N00750
1. Entity 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**


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

24043530



MOORE CR2E037 (11/03)

4. FEI Number **59-0971424** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAMOND, MARY
11306 HUTCHENS RD.
ODESSA FL 33556**

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 *Mary A. Diamond* *Mary A. Diamond* **4/12/04**
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
Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	GILBERT, JACK	
STREET ADDRESS	17340 GUNLOCK RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNELL, JERRY	
STREET ADDRESS	5440 STROM RD.	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLEY, JOHN	
STREET ADDRESS	12818 ROYAL GEORGE AVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DAVID	
STREET ADDRESS	4202 GLEN HAVEN LN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIAMOND, MARY	
STREET ADDRESS	11306 HUTCHENS RD.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWEN, SARAH	
STREET ADDRESS	3916 YELLOW FINCH LANE	
CITY-ST-ZIP	LUTZ FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Evans	
STREET ADDRESS	11106 Summer Dr	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Myers	
STREET ADDRESS	7116 Bayhead Dr	
CITY-ST-ZIP	Tampa, FL 33634	
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		
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: *Mary A. Diamond* *Mary A. Diamond* **4/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #