


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90145 024 ****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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-0971424			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DIAMOND, MARY 11306 HUTCHENS RD. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>X Mary A Diamond</i>				DATE <i>2/28/05</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GILBERT, JACK		NAME				
STREET ADDRESS	17340 GUNLOCK RD.		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SNELL, JERRY, SR.		NAME				
STREET ADDRESS	5440 STROM RD. <i>STORM RD</i>		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	POLLEY, JOHN		NAME	D DICK AVERY			
STREET ADDRESS	12818 ROYAL GEORGE AVE		STREET ADDRESS	17830 SIMMONS RD			
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	LUTZ, FL 33			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change		
NAME	EVANS, TERRY		NAME	JIM MYERS			
STREET ADDRESS	11106 SUMMER DR.		STREET ADDRESS	7116 BAYHEAD DR			
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	TAMPA, FL 33634			
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME	DIAMOND, MARY		NAME		<input type="checkbox"/> Addition		
STREET ADDRESS	11306 HUTCHENS RD.		STREET ADDRESS				
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change		
NAME	MYERS, JIM		NAME	GWEN TILLOTSON			
STREET ADDRESS	7116 BAYHEAD DR.		STREET ADDRESS	15402 NORTHLAKE VILLAGE DR			
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	ODESSA, FL 33556			
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: <i>Jack H Gilbert</i>				Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			