


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 018 ****61.25

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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)
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
LOWRY, JANE
3807 ESPLANADE CT
TAMPA FL 33618

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 *Jane Lowry*
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, 2007

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	D	<input type="checkbox"/> Delete
NAME	VANAMBURGH, MICHAEL	
STREET ADDRESS	108 SHOREVIEW LN	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNELL, JERRY SR	
STREET ADDRESS	5440 STORM ROAD	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVERY, DICK	
STREET ADDRESS	17830 SIMMONS	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, JIM	
STREET ADDRESS	7116 BAYHEAD DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOWRY, JANE	
STREET ADDRESS	3807 ESPLANADE CT	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TILLOTSON, GWEN	
STREET ADDRESS	15902 NORTHLAKE VILLAGE DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, MINDY	
STREET ADDRESS	18320 CRAWLEY RD	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTENSEN, LEN	
STREET ADDRESS	11830 EASTHAMPTON DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Elizabeth S. [Signature]* 4/16/07 813-920-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #