


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90009 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0971424	
Zip		Country		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		
LOWRY, JANE 3807 ESPLANADE CT TAMPA, FL 33618			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>Jane L Lowry</i> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANAMBURGH, MICHAEL		NAME	VAN AMBURGH, Michael	
STREET ADDRESS	108 SHOREVIEW LN		STREET ADDRESS	108 Shoreview Ln.	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	Oldsmar, FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, JERRY SR		NAME	DEEP, GINNY	
STREET ADDRESS	5440 STORM ROAD		STREET ADDRESS	14638 CORAL BERRY DR.	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERY, DICK		NAME	HART, BOB	
STREET ADDRESS	17830 SIMMONS		STREET ADDRESS	16921 CRAWLEY RD	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, MINDY		NAME	WARD, ROBERT	
STREET ADDRESS	18320 CRAWLEY RD		STREET ADDRESS	1115 AVERY OAKS	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, JANE		NAME		
STREET ADDRESS	3807 ESPLANADE CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSEN, LEN		NAME		
STREET ADDRESS	11830 EAST HAMPTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Bob Ward</i> Financial Secretary 32108 (813)9205153					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					