FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703097** **(6)**

1. Corporation Name

KEYSTONE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9302 POST ROAD P.O. BOX 95 ODESSA FL 33556	9302 POST ROAD P.O. BOX 95 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1961**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

DAVIS, ROBERT
9302 POST ROAD
ODESSA FL 33556

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~SKINNER, ELSIE~~	1.2 NAME	Davis, Dickie
STREET ADDRESS	~~10020 BROWN ROAD~~	1.3 STREET ADDRESS	10513 Lake Williams Dr.
CITY-ST-ZIP	~~ODESSA FL 33556~~	1.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	~~VD~~	2.1 TITLE	RS ☐ Change ☐ Addition
NAME	~~NETSCHER, KAY~~	2.2 NAME	Middlecamp, Norma
STREET ADDRESS	~~10401 GUNN HWY~~	2.3 STREET ADDRESS	19111 Gunn Hwy
CITY-ST-ZIP	~~ODESSA FL 33556~~	2.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	~~CS~~	3.1 TITLE	CS ☐ Change ☐ Addition
NAME	~~CHURCHILL, MARY~~	3.2 NAME	Martin, Linda
STREET ADDRESS	~~11520 BELMACK BLVD.~~	3.3 STREET ADDRESS	18520 Tyler Rd.
CITY-ST-ZIP	~~ODESSA FL~~	3.4 CITY-ST-ZIP	~~Odessa,FL 33556~~
TITLE	~~RS~~	4.1 TITLE	VD ☐ Change ☐ Addition
NAME	MARTIN, SUSAN	4.2 NAME	
STREET ADDRESS	18880 CRESCENT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	4.4 CITY-ST-ZIP	
TITLE	~~TD~~	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	~~SKINNER, GLORIA~~	5.2 NAME	Moore, Charles
STREET ADDRESS	~~9520 AQUA LANE~~	5.3 STREET ADDRESS	13924 Friendship Lane
CITY-ST-ZIP	~~ODESSA FL~~	5.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles C. Moore Charles C. Moore, Treasurer 4/15/95 (813) 920-7313
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0703097