

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703097

1. Corporation Name

KEYSTONE CIVIC ASSOCIATION, INC.

Principal Place of Business

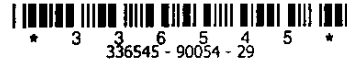
9302 POST ROAD
P.O. BOX 95
ODESSA FL 33556

Mailing Address

9302 POST ROAD
P.O. BOX 95
ODESSA FL 33556

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90054 029 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/28/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ROBERT
9302 POST ROAD
ODESSA FL 33556

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD
STREET ADDRESS MORRIS, STEVE
CITY-ST-ZIP 18520 WAYNE RD
ODESSA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE ☒ DELETE

NAME VD
STREET ADDRESS MIDDLECAMP, NORMA
CITY-ST-ZIP 19111 GUNN HWY.
ODESSA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. TITLE ☒ DELETE

NAME RS
STREET ADDRESS ERBAUGH, CINDA
CITY-ST-ZIP 18825 GUNN HWY
ODESSA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

15. TITLE ☐ DELETE

NAME TD
STREET ADDRESS MOORE, CHARLES
CITY-ST-ZIP 13924 FRIENDSHIP LANE
ODESSA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

16. TITLE ☒ DELETE

NAME CS
STREET ADDRESS ROBERTSON, MADELLA
CITY-ST-ZIP 8903 DONNA LU DR
ODESSA FL 33556

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Charles C. Moore* SIGNATURE REQUIRED

3/28/99

(813) 920-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)