2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # 703097** 1. Entity Name 04-08-2004 90018 023 ****61.25 KEYSTONE CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 17926 GUNN HIGHWAY 9302 POST ROAD W41001160 P.O. BOX 95 P.O. BOX 95 ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address P. B. Box 95 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Odessa, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33556 Hillsboroug Fee.Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, CHARLES C Street Address (P.O. Box Number is Not Acceptable) 13924 FRIENDSHIP LANE ODESSA FL 33556 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change Addition DUGGER, RICHARD Manning, April NAME NAME 13006 TARPON SPRINGS RD 18109 Crawley Road STREET ADDRESS STREET ADDRESS ODESSA FL CITY - ST- ZIP Odessa, FL 33556 CITY-ST-ZIP VD VD Delete TITLE TITLE X Addition Change MANNING, APRIL NAME NAME Metzer, Steve 18109 CRAWLEY RD STREET ADDRESS 16912 Gunn Highway STREET ADDRESS ODESSA FL .CITY - ST - ZIP ---CITY-ST-7IP Odessa, FL 33556 RS **X** Delete TITLE ☐ Change TITLE XX Addition WISE, GAIL -NAME NAMÉ Cobb, Mindee 19223 GUNN HWY STREET ADDRESS STREET ADDRESS 8612 Miles Road ODESSA FL CfTY-ST-ZIP CITY-ST-ZIP Odessa, FL 33556 TID TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, CHARLES NAME 13924 FRIENDSHIP LANE STREET ADDRESS STREET ADDRESS ODESSA FL CITY-ST-7IP CITY-ST-ZIP CS TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRIS, STEVE NAME NAME 18520 WAYNE ROAD STREET ADDRESS STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. Prisone Charles C. Moore 4/6/04 SIGNATURE > 813-920-7313 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daylime Phone #