

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90303 003 ****61.25

DOCUMENT # 703097

1. Entity Name

KEYSTONE CIVIC ASSOCIATION, INC.



Principal Place of Business

17926 GUNN HIGHWAY
P.O. BOX 95
ODESSA FL 33556

Mailing Address

17926 GUNN HIGHWAY
P.O. BOX 95
ODESSA FL 33556

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, CHARLES C
13924 FRIENDSHIP LANE
ODESSA FL 33556

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

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, 2006

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: VD
NAME: METZER, STEVE ☒ Delete
STREET ADDRESS: 16912 GUNN HWY
CITY-ST-ZIP: ODESSA FL 33556

TITLE: RS
NAME: DOWLING, BARBARA ☐ Delete
STREET ADDRESS: 4715 HEATH RD
CITY-ST-ZIP: TAMPA FL 33624

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

TITLE: CS
NAME: MORRIS, STEVE ☐ Delete
STREET ADDRESS: 18520 WAYNE ROAD
CITY-ST-ZIP: ODESSA FL 33556

TITLE: DJ
NAME: Schellenberg, Jo ☐ Delete
STREET ADDRESS: 18240 Walne Road
CITY-ST-ZIP: Odessa, FL 33556

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD ☐ Change ☐ Addition
NAME: Benoit, Debra
STREET ADDRESS: P.O.Box 777
CITY-ST-ZIP: Odessa, FL 33556

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Charles C. Moore Charles C. Moore Treasurer

4/4/06 813-920-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #