

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703097

FILED
Apr 03, 2009
Secretary of State

Entity Name: KEYSTONE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

17926 GUNN HIGHWAY
ODESSA, FL 33556

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 95
ODESSA, FL 33556

FEI Number: 59-2350899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CHARLES C
13924 FRIENDSHIP LANE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: NELSON, JAN
Address: 18440 WAYNE RD.
City-St-Zip: ODESSA, FL 33556

Title: RS () Delete
Name: DOWLING, BARBARA
Address: 4715 HEATH RD
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: MOORE, CHARLES
Address: 13924 FRIENDSHIP LANE
City-St-Zip: ODESSA, FL

Title: CS () Delete
Name: MORRIS, STEVE
Address: 18520 WAYNE ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: SCHELLENBERG, JO
Address: 18240 WALNE RD
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: ADERHOLD, TOM
Address: PO BOX 272879
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ADERHOLD, TOM
Address: 4715 HEATH RD
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES C. MOORE

TD

04/03/2009

Electronic Signature of Signing Officer or Director

Date