

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90179 007 ****61.25

DOCUMENT # 704411					
1. Entity Name KEYSTONE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 7509 VAN DYKE ROAD ODESSA, FL 33556			Mailing Address 7509 VAN DYKE ROAD ODESSA, FL 33556		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2251303	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SZELISTOWSKI, WALT 10511 LAKE WILLIAMS DR ODESSA, FL 33556			Name <u>JACOBOWITZ, JOE</u> Street Address (P.O. Box Number is Not Acceptable) <u>15124 ARBOR HOLLOW DR.</u> City <u>ODESSA, FL</u> Zip Code <u>33556</u>		
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 <u><i>Joe Jacobowitz</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>JOE JACOBOWITZ</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-18-07</u> <small>DATE</small>	
Filing Fees \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNELLBACH, BRENDA 4527 NEW DAWN CT LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBOWITZ, JOE 15124 ARBOR HOLLOW DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKSDALE, FRANCES 8948 DONNALU DR. ODESSA, FL 33556	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARD, CHAR 18914 CRESCENT RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SZELISTOWSKI, WALT 10511 LAKE WILLIAMS DR ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARY, J. RICHARD 713 WARREN RD LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Brenda Schnellbach</u> BRENDA SCHNELLBACH <u>4-18-07</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

40001000



04132007 Chg-NP CR2E037 (12/06)