
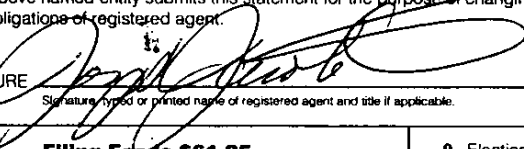
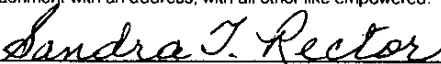


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 017 ****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 JACOBVITZ, JOE 15124 ARBOR HOLLOW DR ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 		JOE JACOBVITZ		4-22-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNELLBACH, BRENDA <input checked="" type="checkbox"/> Delete 4527 NEW DAWN CT LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDRA RECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14432 WADSWORTH DR. ODESSA, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKSDALE, FRANCES <input checked="" type="checkbox"/> Delete 8948 DONNALU DR. ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBVITZ, JOE <input type="checkbox"/> Delete 15124 ARBOR HOLLOW DR ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARD, CHAR <input type="checkbox"/> Delete 18914 CRESCENT RD ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		4/22/08		813-920-3443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA T. RECTOR		Date Daytime Phone #			

40080410



04182008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

JOE JACOBVITZ

4-22-08

Filing Fee is \$61.25 Due by May 1, 2008

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SANDRA RECTOR 14432 WADSWORTH DR. ODESSA, FL 33556

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD BARKSDALE, FRANCES 8948 DONNALU DR. ODESSA, FL 33556

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD JACOBVITZ, JOE 15124 ARBOR HOLLOW DR ODESSA, FL 33556

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD GARD, CHAR 18914 CRESCENT RD ODESSA, FL 33556

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