

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUL 21 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07172008 Chg-NP CR2E037 (12/06)

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	
				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		
JACOBOVITZ, JOE 15124 ARBOR HOLLOW DR ODESSA, FL 33556			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Amended AR is \$61.25		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	TD ☐ Delete	TITLE	Sec./Treas. & Trustee ☒ Change ☐ Addition		
NAME	RECTOR, SANDRA	NAME	Sandra Rector		
STREET ADDRESS	14432 WADSWORTH DR.	STREET ADDRESS	14432 Wadsworth Dr.		
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	Odessa, FL 33556		
TITLE	TD ☐ Delete	TITLE	President & Trustee ☒ Change ☐ Addition		
NAME	JACOBOVITZ, JOE	NAME	Joe Jacobovitz		
STREET ADDRESS	15124 ARBOR HOLLOW DR	STREET ADDRESS	15124 Arbor Hollow Dr.		
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	Odessa FL 33556		
TITLE	TD ☒ Delete	TITLE	Vice Pres. & Trustee ☐ Change ☒ Addition		
NAME	GARD, CHAR	NAME	Francis Barksdale		
STREET ADDRESS	18914 CRESCENT RD	STREET ADDRESS	8948 Donnal Drive		
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	Odessa, FL 33556		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 <i>Joe Jacobovitz</i>		7-18-08 813 926 9487			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joe Jacobovitz, President		Date Daytime Phone #			

7/22/08