

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717051

FILED
Jan 20, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.

Current Principal Place of Business:

550 SE WALKER DRIVE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

550 SE WALKER DRIVE
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-1459578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, MARK
5055 KLARE DRIVE
KEYSTONE HEIGHTS, FL 32656 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: P () Delete
Name: HARRIS, LEE P
Address: 7674 OAK DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V () Delete
Name: WILLIAMS, MARK V
Address: 5325 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: MAXWELL, MARK T
Address: 5055 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S () Delete
Name: SULLIVAN, MARSHALL S
Address: P. O. BOX 248
City-St-Zip: GRANDIN, FL 32138

Title: D () Delete
Name: FUTCH, BENTON D
Address: 500 HEBRON AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: MURRAY, MICHAEL D
Address: 5617 CARIBBEAN CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: WALLS, MELANIE
Address: 421 SW GROVE ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change () Addition
Name: MAXWELL, MARK T
Address: 5055 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

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

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

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: MARK MAXWELL

RA

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date