2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 732280

Entity Name: KEYSTONE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

120 FLAMINGO ST.
KEYSTONE HGTS., FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 576
KEYSTONE HGTS., FL 32656

New Mailing Address:

FEI Number: 59-1612806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JACK F JR
7066 IMMOKALEE RD
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:	S	( ) Delete
Name:	JACKSON, SALLY A	
Address:	1355 SOUTH LAWRENCE BOULEVARD	
City-St-Zip:	KEYSTONE HGTS, FL 32656	
Title:	D	( ) Delete
Name:	VALLANCE, RICHARD	
Address:	6300 HUTCHINSON AVENUE	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	T	( ) Delete
Name:	CRAFT, JANET C	
Address:	6676 COUNTY ROAD 214	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	P	( ) Delete
Name:	MILLER, JACK F JR	
Address:	7066 IMMOKALEE RD.	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	V	( ) Delete
Name:	PAYTON, JOAN	
Address:	420 SW DOVE ST	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	SADDLER, JAMES MARTIN	
Address:	5695 OAK LEAF ROAD	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

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:	D	(X) Change ( ) Addition
Name:	THOMAS, ROBERT K	
Address:	325 NW BEREA AVENUE	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

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: JANET C. CRAFT T 02/25/2009
Electronic Signature of Signing Officer or Director — Date