

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734026

FILED
Feb 09, 2012
Secretary of State

Entity Name: KEYSTONE SENIOR SERVICE, INC.

Current Principal Place of Business:

125 COMMERCIAL AVE.
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

6491 LOCH LOMMOND DR
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-1633270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, LLOYD A.
335 E. LAKEVIEW DR.
KEYSTONE HGHTS, FL 32660 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
Name: PICKENS, DAN
Address: 7065 GATOR BONE RPAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP
Name: LEE, BILL
Address: 7729 BEACHVIEW STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: RS
Name: HUNHOLZ, HOLLY
Address: 6489 BROOKLYN BAY ROAD, P.O. BOX 1520
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T
Name: CALE, PAULINE
Address: 6491 LOCH LOMMOND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: OM
Name: CARROLL, BARBARA
Address: 125 COMMERCIAL AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby 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 all other like empowered.

SIGNATURE: PAULINE CALE

TREA

02/09/2012

Electronic Signature of Signing Officer or Director

Date