2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739233

FILED Feb 06, 2009 Secretary of State

Entity Nam	ie: KEY BISC <i>i</i>	AYNE PRESBYTERIAN CHUR	CH, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
160 HARBO KEY BISCA	OR DR. YNE, FL 3314	9			
Current Mailing Address:			New Mailing Address	s:	
160 HARBOR DR. KEY BISCAYNE, FL 33149					
FEI Number:	59-1745577	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LIPPINCOTT, ELWOOD T JR 370 MINORCA AVENUE SUITE 16 CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State					
SIGNATURE: Electronic Signature of Registered Agent			t	 Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T ()[SHAW, PAULINE 385 HEATHER LA KEY BISCAYNE,	NE .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[MILLER, ALLAN 250 SW 22 ROA MIAMI, FL 33129		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [MOZLOOM, THO 725 NE 75TH ST MIAMI, FL 33138	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PAULINE SHAW T 02/06/2009