


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 740463		
1. Entity Name KEYSTONE BIBLE CHURCH, INC.		
Principal Place of Business 12032 TARPON SPRINGS RD ODESSA, FL 33556 US	Mailing Address TARPON SPRINGS ROAD PO BOX 428 ODESSA, FL 33556	

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03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3653340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, BRIAN 304 BAY BLVD. OLDSMAR, FL 34677

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IN THIS SPACE**

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) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, RALPH 3328 SAN MATEO ST. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, BRIAN 304 BAY BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTEN, TRAVIS 3410 BAUGH DRIVE NEW PORT RICHEY, FL 34655
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brian N Johnson 3/30/05 727-726-1153
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #