

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90025 025 ****61.25

DOCUMENT # 741078

1. Entity Name

KEYSTONE GOLF AND COUNTRY CLUB, INC.



Principal Place of Business

294 SE 43RD STREET
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

294 SE 43RD ST.
KEYSTONE HEIGHTS-FL 32656
US

94011326



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0939614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOHN W
4951 SW 143 RD STREET
STARKE FL 32091

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MC NAIR, THERESA	
STREET ADDRESS	471 SE 41ST LOOP APT 160	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, BEN	
STREET ADDRESS	5315 CR 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN	
STREET ADDRESS	4951 SW 143RD STREET	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAM, MCDONALD	
STREET ADDRESS	1235 SW. POINTVIEW	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAFFORD, JOHN T	
STREET ADDRESS	1086 SE COUNTY RD 21B	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04 3524734301