

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741280

FILED  
Feb 14, 2007  
Secretary of State

**Entity Name:** THE COMMUNITY CHURCH OF KEYSTONE HEIGHTS, INC.

**Current Principal Place of Business:**

345 SE PALMETTO AVE  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 722  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-1732797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEAD, CHARLES M  
6164 CR 352  
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: PD ( ) Delete  
Name: STAFFORD, JOHN T  
Address: 1086 SE CR 21B  
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete  
Name: CORREIA, GREG  
Address: 7942 BREEZY POINT ROAD WEST  
City-St-Zip: MELROSE, FL 32666

Title: T ( ) Delete  
Name: FERRELL, KAYDA L  
Address: 230 GROVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S ( ) Delete  
Name: STAFFORD, SUSAN M  
Address: 1086 SE COUNTY ROAD 21B  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PERRYMAN, BRYAN M  
Address: 205 ASHLEY LAKE DRIVE  
City-St-Zip: MELROSE, FL 32666

Title: D (X) Change ( ) Addition  
Name: STAFFORD, JOHN T  
Address: 1086 SE CR 21B  
City-St-Zip: MELROSE, FL 32666

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN M. STAFFORD

S

02/14/2007

Electronic Signature of Signing Officer or Director

Date