

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741280

FILED
Feb 16, 2009
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: HEAD, CHARLES M
Address: 6164 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: LUCIUS, JAY
Address: 260 NW BERE A AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: MORFORD, ISAAC M
Address: 6148 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change () Addition
Name: HEAD, CHARLES M
Address: 6164 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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 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

02/16/2009

Electronic Signature of Signing Officer or Director

Date