

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90370 041 \*\*\*\*61.25

**DOCUMENT # 750470**

1. Entity Name

KEYSTONE UNITED METHODIST CHURCH, INC.



Principal Place of Business

HWY 21 SOUTH  
P.O. BOX 744  
KEYSTONE HEIGHTS FL 32656

Mailing Address

HWY 21 SOUTH  
P.O. BOX 744  
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0976271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNAWELL, SANDRA E  
7750 RANCHETTE RD.  
LAKE GENEVA FL 32160

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

*Sandra Barnwell*

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

(NOTE: Registered Agent signature required when reinstating)

3-23-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC ☒ Delete  
NAME TEAGUE, LARRY  
STREET ADDRESS 6719 CR 214  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE PC ☐ Change ☒ Addition  
NAME DUANE, JACK  
STREET ADDRESS 6489 Little Lily Lake Rd., Keystone Heights, FL 32656  
CITY-ST-ZIP

TITLE VC ☐ Delete  
NAME WOOTEN, DON  
STREET ADDRESS 6293 LITTLE LAKE GENEVA RD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☒ Delete  
NAME KING, BOB  
STREET ADDRESS 6524 BROOKLYN BAY RD.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE TR ☐ Change ☒ Addition  
NAME MATTOX, CRAIG  
STREET ADDRESS 193 S.E. 5th Ave.  
CITY-ST-ZIP Melrose, FL 32666

TITLE TR ☐ Delete  
NAME CAMPBELL, KEVIN  
STREET ADDRESS 6622 CAMELOT CT  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☒ Delete  
NAME DUANE, JACK  
STREET ADDRESS 6489 LITTLE LILY LAKE ROAD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE TR ☐ Change ☒ Addition  
NAME KEERY, JERRY  
STREET ADDRESS 4279 Everett Ave.  
CITY-ST-ZIP Middleburg, FL 32068

TITLE TR ☒ Delete  
NAME GUY, IRIS  
STREET ADDRESS 4386 SR 21  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE TR ☐ Change ☒ Addition  
NAME DENNIS, JIMMY  
STREET ADDRESS 122 Long Pond Dr.  
CITY-ST-ZIP Hawthorne, FL 32640

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Sandra Barnwell*

CHAIR OF  
TRUSTEES

3-23-06

352 473-3826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #