

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750470

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** KEYSTONE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

4004 HWY 21 SOUTH  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

4004 HWY 21 SOUTH  
P.O.BOX 744  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-0976271      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOPATKA, ALAN B  
130 DARKWATER LAKE ROAD  
HAWTHORNE, FL 32640 US

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

KEERY, JERRY L  
4279 EVERETT AVE  
MIDDLEBURG, FL 32068 US

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: JERRY L. KEERY

02/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VTR ( ) Delete  
Name: DUANE, JACK  
Address: 6489 LITTLE LILLY LK RD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: STR ( ) Delete  
Name: RODEL, PATTY  
Address: 6870 DOGWOOD CIRCLE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR ( ) Delete  
Name: MATTOX, CRAIG  
Address: 193 SE 5TH AVE  
City-St-Zip: MELROSE, FL 32666

Title: TR ( ) Delete  
Name: CAMPBELL, KEVIN  
Address: 6622 CAMELOT CT  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR ( ) Delete  
Name: KEERY, JERRY  
Address: 4279 EVERETT AVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TR ( ) Delete  
Name: DENNIS, JIMMY  
Address: 122 LONG POND DR  
City-St-Zip: HAWTHORNE, FL 32640

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

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

Title: STR (X) Change ( ) Addition  
Name: YOUNT, GARY  
Address: 4304 SE 2ND AVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

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

Title: TR (X) Change ( ) Addition  
Name: MASON, BARBARA  
Address: P O BOX 119  
City-St-Zip: MELROSE, FL 32666

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: JERRY L. KEERY

CHAR

02/07/2008

Electronic Signature of Signing Officer or Director

Date