

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750470

FILED
Feb 20, 2009
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 (X)**

Name and Address of Current Registered Agent:

KEERY, JERRY L
4279 EVERETT AVE
MIDDLEBURG, FL 32068 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: VTR () Delete
Name: DUANE, JACK
Address: 6489 LITTLE LILLY LK RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: STR () Delete
Name: YOUNT, GARY
Address: 4304 SE 2ND AVE
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: MASON, BARBARA
Address: P O BOX 119
City-St-Zip: MELROSE, FL 32666

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: CHAMBERLAIN, SHIRLEY
Address: 891 SE 53RD ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: TR (X) Change () Addition
Name: SHANK, CLIFF
Address: 191 SE 28TH WAY
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 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

RA

02/20/2009

Electronic Signature of Signing Officer or Director

Date