

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 012 ****61.25

DOCUMENT # 756086 1. Entity Name CHRIST EVANGELICAL LUTHERAN CHURCH OF KEYSTONE HEIGHTS, FLORIDA, INC.					
Principal Place of Business 3760 SE STATE RD. 21 KEYSTONE HEIGHTS, FL 32656-6128			Mailing Address 3760 SE STATE RD. 21 KEYSTONE HEIGHTS, FL 32656-6128		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2016060 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CELLON, WAYNE A 4255 NW 34TH DR GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name TOMLINSON, JAMES Street Address (P.O. Box Number is Not Acceptable) 235 SW AZALEA PLACE City KEYSTONE HEIGHTS FL Zip Code 32656		
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 <u><i>James E Tomlinson</i></u> JAMES TOMLINSON DATE <u>6/04/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD CELLON, WAYNE A <input checked="" type="checkbox"/> Delete 4255 NW 34TH DR GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete TEETER, BILL 7115 CLEMSON ST KEYSTONE HGTS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete PLOSILA, JOHN 183 SWAN LAKE DR. MELROSE, FL 32666		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete TOMLINSON, JAMES 235 SW AZALEA PLACE KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOMLINSON, JAMES 235 SW AZALEA PLACE KEYSTONE HEIGHTS, FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STAHHANN, TAPP 5575 LASSEN ST KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KARR, FRANK 6846 BEDFORD LAKE RD KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>James E Tomlinson</i></u> JAMES TOMLINSON <u>6/04/07</u> <u>352/473-3233</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					