


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90347 001 ****61.25

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|--|---|--|---|---|--|-------------|----------------|
| DOCUMENT # N00750 | | | |  | | | |
| 1. Entity Name KEYSTONE UNITED METHODIST CHURCH OF ODESSA, INC. | | | | | | | |
| Principal Place of Business 16301 RACE TRACK RD. ODESSA, FL 33556 | | Mailing Address 16301 RACE TRACK RD. ODESSA, FL 33556 | | | | | |
| 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 59-0971424 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | | |
| Not Applicable | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| DIAMOND, MARY 11306 HUTCHENS RD. ODESSA, FL 33556 | | | | 7. Name and Address of New Registered Agent Name JANE LOWRY Street Address (P.O. Box Number is Not Acceptable) 3807 ESPLANADE COURT City Tampa FL Zip Code 33618 | | | |
| 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 <i>Jane Lowry</i> | | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD GILBERT, JACK 17340 GUNLOCK RD. LUTZ, FL 33549 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MICHAEL VANAMBURGH 108 SHOREVIEW LN OLDSMAR, FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNELL, JERRY SR 5440 STORM ROAD LUTZ, FL 33558 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AVERY, DICK 17830 SIMMONS ROAD LUTZ, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AVERY, DICK 17830 SIMMONS LUTZ, FL 33634 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MYERS, JIM 7116 BAYHEAD DRIVE TAMPA, FL 33634 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MYERS, JIM 7116 BAYHEAD DR TAMPA, FL 33634 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DIAMOND, MARY 11306 HUTCHENS RD. ODESSA, FL 33556 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JANE LOWRY 3807 ESPLANADE COURT TAMPA, FL 33618 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TILLOTSON, GWEN 15902 NORTHLAKE VILLAGE DRIVE ODESSA, FL 33556 | <input checked="" type="checkbox"/> Delete | 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 <i>Jane F. Myers</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 4/17/06 813-886-3559 Date Daytime Phone # | | | |

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