
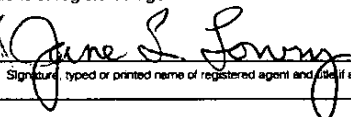



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90009 006 \*\*\*\*61.25

<b>DOCUMENT # N00750</b>			
1. Entity Name <b>KEYSTONE UNITED METHODIST CHURCH OF ODESSA, INC.</b>		Principal Place of Business <b>16301 RACE TRACK RD. ODESSA, FL 33556</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>16301 RACE TRACK RD. ODESSA, FL 33556</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-0971424</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LOWRY, JANE 3807 ESPLANADE CT TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: 		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANAMBURGH, MICHAEL</b>	NAME	<b>VAN AMBURGH, Michael</b>
STREET ADDRESS	<b>108 SHOREVIEW LN</b>	STREET ADDRESS	<b>108 Shoreview Ln.</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>	CITY-ST-ZIP	<b>Oldsmar, FL 34685</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SNELL, JERRY SR</b>	NAME	<b>DEEP, GINNY</b>
STREET ADDRESS	<b>5440 STORM ROAD</b>	STREET ADDRESS	<b>14638 CORAL BERRY DR.</b>
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>	CITY-ST-ZIP	<b>ODESSA, FL 33556</b>
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	DI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AVERY, DICK</b>	NAME	<b>HART, BOB</b>
STREET ADDRESS	<b>17830 SIMMONS</b>	STREET ADDRESS	<b>16921 CRAWLEY RD</b>
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	CITY-ST-ZIP	<b>ODESSA, FL 33556</b>
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRELL, MINDY</b>	NAME	<b>WARD, ROBERT</b>
STREET ADDRESS	<b>18320 CRAWLEY RD</b>	STREET ADDRESS	<b>1115 AVERY OAKS</b>
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>	CITY-ST-ZIP	<b>TAMPA, FL 33625</b>
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWRY, JANE</b>	NAME	
STREET ADDRESS	<b>3807 ESPLANADE CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTENSEN, LEN</b>	NAME	
STREET ADDRESS	<b>11830 EAST HAMPTON DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33626</b>	CITY-ST-ZIP	
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: 		Date: <b>3/21/08</b> (813)9205153	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	