


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0971424	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWRY, JANE 3807 ESPLANADE CT TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE <i>Jane L Lowry</i> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		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	D VANAMBURGH, MICHAEL 108 SHOREVIEW LN PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN AMBURGH, Michael 108 Shoreview Ln. Oldsmar, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNELL, JERRY SR 5440 STORM ROAD LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEP, GINNY 14638 CORAL BERRY DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVERY, DICK 17830 SIMMONS TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BOB 16921 CRAWLEY RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRELL, MINDY 18320 CRAWLEY RD ODESSA, FL 33556	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ROBERT 1115 AVERY OAKS TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOWRY, JANE 3807 ESPLANADE CT TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTENSEN, LEN 11830 EAST HAMPTON DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Bob Hart</i> Financial Secretary 3/21/08 (813)9205153					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					