
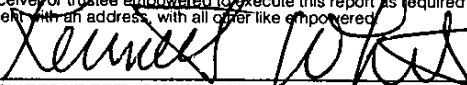


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 011 ****70.00

DOCUMENT # N04000009349					
1. Entity Name CHURCH OF CHRIST, KEYSTONE HEIGHTS, FLORIDA, INC.					
Principal Place of Business 6963 STATE RD 21 NORTH KEYSTONE HEIGHTS, FL 32656			Mailing Address P O BOX 677 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, KENNETH M 6963 STATE RD 21 NORTH KEYSTONE HEIGHTS, FL 32656				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BELL, ROBERT			NAME	
STREET ADDRESS	P O BOX 677			STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HARDEN, BOONE			NAME	
STREET ADDRESS	P O BOX 677			STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WHITE, KENNETH M			NAME	
STREET ADDRESS	P O BOX 677			STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCGHGHY, JOE			NAME	
STREET ADDRESS	P O BOX 677			STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
KENNETH WHITE					



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number: 592927509
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required