

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
WHITE, KENNETH M 6963 STATE RD 21 NORTH KEYSTONE HEIGHTS FL 32656	

4. FEI Number 59-2927509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BELL, ROBERT P O BOX 677 KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HARDEN, BOONE P O BOX 677 KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WHITE, KENNETH M P O BOX 677 KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCGHGHY, JOE P O BOX 677 KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000658664 03/15/07-80047-011 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: *Kenneth White* **3-4-07 352-473-9260**