

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009349

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: CHURCH OF CHRIST, KEYSTONE HEIGHTS, FLORIDA, INC.

**Current Principal Place of Business:**

6963 STATE RD 21 NORTH  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 677  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-2927509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, KENNETH M  
6963 STATE RD 21 NORTH  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

HARDIN, DANIEL B  
6963 STATE RD 21 NORTH  
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: DANIEL B. HARDIN

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BELL, ROBERT  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete  
Name: HARDEN, BOONE  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete  
Name: WHITE, KENNETH M  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Delete  
Name: MCGHGHY, JOE  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HARDIN, DANIEL B  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change ( ) Addition  
Name: MGGHGHY, JOE  
Address: P O BOX 677  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BELL

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date