

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000438

FILED
Mar 08, 2009
Secretary of State

Entity Name: KEYSTONE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

17005 EQUESTRIAN TRAIL
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

17005 EQUESTRIAN TRAIL
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-2247373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWELL, LEWIS J
100 N. TAMPA STREET
SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGOLDRICK, ROBERT
Address: 17008 PAULA LANE
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: ROBERTS, CLIFFORD
Address: 17104 DOWNS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: PLATTNER, DAVID
Address: 17005 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: HASTINGS, WILLIAM
Address: 15321 SPRUSON ST
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: SOMMERVILLE, KRISTINE
Address: 15128 HEATHRIDGE DRIVE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: FUNK, ALICE
Address: 17010 PAULA LANE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, CLIFF
Address: 17104 DOWNS DR.
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: DUBOSE, GAIL
Address: 3201 FERNANDINA ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: D (X) Change () Addition
Name: KAMPS, ROBERT
Address: 16913 ROLLING ROCK DR.
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: WOLDING, JUDY
Address: 3522 DIAZ ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DAVID PLATTNER

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date