

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07580

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** TRINITY BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.

**Current Principal Place of Business:**

3716 SE STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1099  
3716 SE STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-2482404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, PAUL D.  
12 LAWRENCE BLVD.  
SUITE 201 THE NEWELL BLDG.  
KEYSTONE HEIGHTS, FL 32656 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: TR ( ) Delete  
Name: WINTER, JIM  
Address: 23026 NE 69TH AVENUE  
City-St-Zip: MELROSE, FL 32666

Title: TR ( ) Delete  
Name: WHEELER, EUGENE  
Address: 200 SW GROVE STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR ( ) Delete  
Name: THOMPSON, LEWIS  
Address: PO BOX 822  
City-St-Zip: MELROSE, FL 32666

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

Title: TR (X) Change ( ) Addition  
Name: BUCKNER, KEN  
Address: 4601 SE 6TH LANE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR (X) Change ( ) Addition  
Name: WATTS, J.H.  
Address: PO BOX 18  
City-St-Zip: MELROSE, FL 32666

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: MARJORIE R CAQUETTE

FIN

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date