

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010525

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: KEEPERS OF THE SEVEN FLAMES INC

**Current Principal Place of Business:**

820 SW 14TH CT  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

820 SW 14TH CT  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 36-4643734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAUL, HOLLY  
820 SW 14TH CT  
DEERFIELD BEACH, FL 33441 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: PAUL, HOLLY  
Address: 820 SW 14TH CT  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete  
Name: PAUL, BENITO  
Address: 4351 NE 4TH AVE  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: BRUNY, MARIE  
Address: 820 SW 14TH CT  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete  
Name: PAUL, CLAUDETTE  
Address: 4351 NE 4TH AVE  
City-St-Zip: BOCA RATON, FL 33431

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

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

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

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

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: HOLLY PAUL

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date