2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N22947 02-06-2006 90082 023 \*\*\*\*61.25 1. Entity Name KEYSTONE HEIGHTS CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 3528 STATE ROAD 21 S.E. KEYSTONE HEIGHTS FL 32656 US 3528 STATE ROAD 21 S.E. KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2888493 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWELL, PAUL D. Street Address (P.O. Box Number is Not Acceptable) 12 LAWRENCE ROAD SUITE 201 **KEYSTONE HEIGHTS FL 32656** City 9. 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 Signature, typed or granted name of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2008 Sales Signer 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State والمراث المراث OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete MILE ☐ Change ☐ Add tion NAME JONES ROBERT FLOER NAME 2125 RAIFORD ROAD STREET ADDRESS STREET ADORESS STARKE FL 32091 C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete tine ☐ Change **Addition** AKIN, AUBREY NAME NAME Mike Berry Elder STREET ADDRESS 5719 CRATER LAKE CIR DECRASED STREET ADDRESS 23004 East County Road 1474 KEYSTONE HEIGHTS FL CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition APPLING, LEONARD V SR. Elder NAME NAME PONTAIL AVENUE STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 C/TY - ST - ZIP CITY-57-77P TITLE Delete ☐ Change ☐ Addition Sec/Bkpr NAME NAME Neta V. Appling STREET ADDRESS STREET ADDRESS 5133 Chicory Circle CITY-ST-ZIP CITY-ST-7P Middleburg, FI 32068 TITLE Oelete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Jan 25, 2006 Neta V. Appling, Bkpr (352)473-0620 Daytime Phone #

FILED

Feb 24, 2006 8:00 am

ATTACHMENT
BLOO2446
FEM22947

filled out as per phone conversation Thanks!