

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90097 003 ****61.25

DOCUMENT # N22947

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
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2888493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, PAUL D.
12 LAWRENCE ROAD
SUITE 201
KEYSTONE HEIGHTS FL 32656

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROBERT ELDER	
STREET ADDRESS	2125 RAIFORD ROAD	
CITY-STATE-ZIP	STARKE FL 32091	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AKIN, AUBREY	
STREET ADDRESS	5719 CRATER LAKE CIR	
CITY-STATE-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLING, LEONARD V SR.	
STREET ADDRESS	PONTAIL AVENUE	
CITY-STATE-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELDER, MIKE B	
STREET ADDRESS	23004 EAST COUNTY RD 1474	
CITY-STATE-ZIP	HAWTHORNE FL 32640	
TITLE	S	<input type="checkbox"/> Delete
NAME	APPLING, NETA V BKPR	
STREET ADDRESS	5133 CHICORY CIR	
CITY-STATE-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George W. Anders	
STREET ADDRESS	6646 Woodland Drive	
CITY-STATE-ZIP	Keystone Heights, Florida 32656	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Flournoy	
STREET ADDRESS	P.O. Box 785	
CITY-STATE-ZIP	Starke, Florida 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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.

SIGNATURE: *Netta V. Appling, BKPR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2007
Date Daytime Phone #