## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23840

FILED Apr 14, 2009 Secretary of State

Entity Name: KEYSTONE LAKE REGION BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6527 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656 **Current Mailing Address: New Mailing Address:** P.O. BOX 1891 KEYSTONE HEIGHTS, FL 32656 FEI Number: 59-2872751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORTON, JENNIFER REBECCA, CARTER 111 SORREL ST. 6527 BROÓKLYN BAY ROAD MIDDLEBURG, FL 32068 KEYSTONE HEIGHTS, FL 32656 US US 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: REBECCA CARTER 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CARTER, REBECCA Name: Name: 6527 BROOKLYN BAY RD. Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: (X) Delete Title: () Change () Addition NORTON, JENNIFER Name: Name: Address: 111 SORREL ST. Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: (X) Delete Title: () Change () Addition PLASTER, SUE Name: Name: Address: 7426 SR 21 Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GILLIEN, SYLVIA Name: 298 S. LAWRANCE BLVD. Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 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: REBECCA CARTER P 04/14/2009