

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36424

FILED  
Apr 17, 2005  
Secretary of State

**Entity Name:** KEYSTONE HEIGHTS PRESBYTERIAN CHURCH INC.

**Current Principal Place of Business:**

P.O. BOX 2015  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2015  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-3007725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, PAUL D  
260 A LAWRENCE BLVD  
SUITE 201  
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: VD ( ) Delete  
Name: MCINTYRE, TOM  
Address: 6653 BROOKLYN BAY RD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: STD ( ) Delete  
Name: BROWN, AILEEN B  
Address: 475 SE LAKEVIEW DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete  
Name: TEAGUE, EDWARD P  
Address: 163 SWISHER LAKES TRL  
City-St-Zip: MELROSE, FL

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

Title: VD (X) Change ( ) Addition  
Name: MCINTYRE, TOM  
Address: 517 SE 31ST WAY  
City-St-Zip: MELROSE, FL 32666

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

Title: PD (X) Change ( ) Addition  
Name: TEAGUE, EDWARD P  
Address: 131 PEARSALL CIRCLE  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AILEEN B BROWN

STD

04/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date