2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36424

FILED Jan 31, 2006 Secretary of State

Entity Name: KEYSTONE HEIGHTS PRESBYTERIAN CHURCH INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 2015

KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656

Current Mailing Address: New Mailing Address:

P.O. BOX 2015

KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3007725 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:

NEWELL, PAUL D 260 A LAWRENCE BLVD SUITE 201 KEYSTONE HEIGHTS, FL 32656 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MCINTYRE, TOM MCINTYRE, THOMAS D Name: Name: 517 SE 31ST WAY Address: 517 SE 31ST WAY Address: City-St-Zip: MELROSE, FL 32666 City-St-Zip: MELROSE, FL 32666

Title: STD () Delete Title: () Change () Addition

BROWN, AILEEN B Name: Name: Address: 475 SE LAKEVIEW DRIVE Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition TEAGUE, EDWARD P TEAGUE, EDWARD P Name: Name:

131 PEARSALL CIRCLE 131 PEARSALL CIRCLE Address: Address: City-St-Zip: MELROSE, FL 32666 City-St-Zip: MELROSE, FL 32666

() Delete Title: Title: VD () Change (X) Addition

Name: Name: LARRY, SANDS Address: Address: 5651 CR 352 City-St-Zip: City-St-Zip: KEYSTONE HTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the 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

SIGNATURE: THOMAS D. MCINTYRE DIR 01/31/2006

above, or on an attachment with an address, with all other like empowered.