


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N36424		
1. Entity Name KEYSTONE HEIGHTS PRESBYTERIAN CHURCH INC.		
Principal Place of Business 4002 SE SR 21 KEYSTONE HEIGHTS, FL 32656		Mailing Address P.O. BOX 2015 KEYSTONE HEIGHTS, FL 32656
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEWELL, PAUL D 260 A LAWRENCE BLVD SUITE 201 KEYSTONE HEIGHTS, FL 32656		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000943034 05/23/08-80044-005 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MCINTYRE, THOMAS D 517 SE 31ST WAY MELROSE, FL 32666	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BROWN, AILEEN B 475 SE LAKEVIEW DRIVE KEYSTONE HEIGHTS, FL 32656	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Aileen B Brown</i> Aileen B. Brown 5/1/08 352-4733679		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #